

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-026305
STATE FILE NUMBER

FILED AUG 6 1958 Registration District No. 224 Primary Registration District No. 3046 Registrar's No. 74

S. 300
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1. PLACE OF DEATH a. COUNTY MONITEAU				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY Miller			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN CALIFORNIA			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Eldon			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Hall Nursing Home 12th			Length of stay in 1b 12 dn.	d. STREET ADDRESS (If outside, give location) E. 15th St			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last William Burghas Holder				4. DATE OF DEATH Month Day Year July 29, 1958			
5. SEX MALE	6. COLOR OR RACE CAUCASIAN	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH MAR. 15, 1863		9. AGE (In years last birthday) 95	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RET. FARMER		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Eldon, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME GEORGE Holder			13b. MOTHER'S MAIDEN NAME LARRISSA BUSICK		14. NAME OF HUSBAND OR WIFE MATILDA N. Holder		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. NONE		17. INFORMANT Lloyd Holder		Address Eldon, Mo.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary accident						INTERVAL BETWEEN ONSET AND DEATH 30 minutes	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Astoria - pneumonia						10 years	
DUE TO (c) Chronic Prostate						331X	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)						19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)					
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>					
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY		STATE	
21. I attended the deceased from July 25 58 to July 29 1958 and last saw her alive on July 27 1958 Death occurred at 6:15 A. m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) Edgar A. Gibbs M.D.				22b. ADDRESS California		22c. DATE SIGNED 7/30/58	
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE July 31, 1958	23c. NAME OF CEMETERY OR CREMATORY Dooley		23d. LOCATION (City, town, or county) Eldon Mo.		(State)
24. FUNERAL DIRECTOR Louis D. Phillips			ADDRESS	25. DATE RECD. BY LOCAL REG. July 31-58		26. REGISTRAR'S SIGNATURE Helen L. Papey	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by, Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed *L. D. Phillips*
Licensed Embalmer No. *3663*
P. O. Address *Calahan*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.