Health, Welfare Public Service

300 1-56

Doctor, Coroner, etc. must use only standard nomenclature in Item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-029689

STATE FILE NUMBER

FILED AUG 28 1958 Registration District No. 210 Primary Registration District No. 4322 Registrar's No. 48

1. PLACE OF DEATH a. COUNTY Mercer	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Putnam
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Princeton — Inside Limits Yes X No ☐	c. CITY OR TOWN Unionville 0860 — Inside Limits Yes ☐ X No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Axtell — Length of stay in Ib 7 wks.	d. STREET ADDRESS ******* (If outside, give location) — Reside on Farm Yes ☐ X No ☐

3. NAME OF DECEASED (Type or print)	First Susan	Middle Kate	Last Holmes	4. DATE OF DEATH	Month Aug.	Day 24	Year 1958
5. SEX Female	6. COLOR OR RACE White	7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED X DIVORCED ☐	8. DATE OF BIRTH March 2-1875	9. AGE (In years last birthday) 83	IF UNDER 1 YEAR Months 5	Days 22	IF UNDER 24 HRS. Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY ********	11. BIRTHPLACE (City and state or country) Ravanna, Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.A.				
13. FATHER'S NAME Campbell Summers		14. MOTHER'S MAIDEN NAME Priscilla Cate					
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no	(If yes, give war or dates of service) **********	16. SOCIAL SECURITY NO. None	17. INFORMANT Mrs. Florence Kauffman	Address Trenton, Mo.			

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] — INTERVAL BETWEEN ONSET AND DEATH

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Arteriosclerotic Heart Disease — 41 days

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) Senile arteriosclerotic vascular disease 5 yrs.

DUE TO (c) 4200

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 ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐ — 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)

20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐ — 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 14, 1958 to Aug. 24, 1958 and last saw her alive on Aug. 23, 1958

Death occurred at 2:30 a.m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Douglas L. Pearce, DO (Degree or title)	22b. ADDRESS Princeton, Mo.	22c. DATE SIGNED 8-26-58	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 8-26-1958	23c. NAME OF CEMETERY OR CREMATORY Ravanna Cemetery	23d. LOCATION (City, town, or county) Ravanna (State) Mo.
24. FUNERAL DIRECTOR Martin Funeral Home	ADDRESS Princeton, Mo.	25. DATE RECD. BY LOCAL REG. 8-26-58	26. REGISTRAR'S SIGNATURE Alice Marsh

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed H. E. Aglell.....

Licensed Embalmer No. 502

P. O. Address Princeton, M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F
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.