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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-031540
STATE FILE NUMBER

FILED SEP 3 1958 Registration District No. 360 Primary Registration District No. 6225 Registrar's No. 122

1. PLACE OF DEATH
a. COUNTY: Vernon
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Washington Township — Inside Limits: Yes ☐ No ☒
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: State Hosp 3 Nevada — Length of stay in 1b: 4 years

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo
b. COUNTY: Douglas
c. CITY OR TOWN: Ava 0340 0 — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): unknown — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: FLORENCE — Middle: JANE — Last: HOLMAN

4. DATE OF DEATH: Month: Aug — Day: 27 — Year: 1958

5. SEX: female
6. COLOR OR RACE: white
7. MARRIED ☐ **NEVER MARRIED** ☒ **WIDOWED** ☐ **DIVORCED** ☐
8. DATE OF BIRTH: Aug, 1915
9. AGE (In years last birthday): 43
IF UNDER 1 YEAR: Months: — Days: — IF UNDER 24 HRS.: Hours: — Min.: unknown

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): none
10b. KIND OF BUSINESS OR INDUSTRY: none
11. BIRTHPLACE (City and state or country): Missouri 0
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: George Holman
13b. MOTHER'S MAIDEN NAME: Fanne Heatherley
14. NAME OF HUSBAND OR WIFE: none

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service): no
16. SOCIAL SECURITY NO.: none
17. INFORMANT: Records State Hospital 3 — Address: Nevada Mo

MEDICAL CERTIFICATION

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Uremia — INTERVAL BETWEEN ONSET AND DEATH: several hours
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Chronic Nephritis — weeks
DUE TO (c): 592 X
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Manic Depressive - Manic type
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒ 2)

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 March 24, 1958, to Aug 27, 1958 and last saw her/him alive on August 27, 1958
Death occurred at State Hospital #3 at 10 P m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Paul L Barone M.D.
22b. ADDRESS: State Hospital 3 Nevada Mo
22c. DATE SIGNED: Aug 27/58

23a. ~~BURIAL, CREMATION,~~ REMOVAL (Specify): Removal
23b. DATE: 8-28-1958
23c. NAME OF CEMETERY OR CREMATORY: Turkey Creek Cemetery
23d. LOCATION (City, town, or county) (State): Near Ava, Missouri

24. FUNERAL DIRECTOR: Hays Funeral Service, Inc
ADDRESS: Nevada, Mo.
25. DATE RECD. BY LOCAL REG.: 8-28-1958
26. REGISTRAR'S SIGNATURE: Orma E Ferry

(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 embalmed by me, or by ....., Student Embalmer No. ..... working under my personal supervision.

Student ..... Signed Richard L. Griffin
Signature of Student Embalmer

Licensed Embalmer No. 5053

P. O. Address Hilead, Mo

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.