THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-032458
STATE FILE NUMBER

FILED OCT 14 1958 Registration District No. 137 Primary Registration District No. 3023 Registrar's No. 902

1. PLACE OF DEATH
a. COUNTY: Henry
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Clinton — Inside Limits: Yes [X] No [ ]
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Wetzel Hospital — Length of stay in 1b: 10 hours

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Pettis
c. CITY OR TOWN: Sedalia — Inside Limits: Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location): 1202 S. Lamine — Reside on Farm: Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First: EDWIN Middle: DUFFIELD Last: HOLBERT

4. DATE OF DEATH: Month, Day, Year: Oct. 9, 1958

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] DIVORCED [ ]

8. DATE OF BIRTH: Feb. 21, 1877

9. AGE (In years last birthday): 81 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Physician

10b. KIND OF BUSINESS OR INDUSTRY: Osteopathic

11. BIRTHPLACE (City and state or country): Keosauqua, Iowa

12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: William Holbert

13b. MOTHER'S MAIDEN NAME: Sarah Stevenson

14. NAME OF HUSBAND OR WIFE: Margaret Holbert

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.: 499-42-8443

17. INFORMANT Address: H. H. Holbert, Little Rock, Arkansas

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): MEDULLARY PARALYSIS
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): CIRCULATORY FAILURE.
DUE TO (c): AURICULAR FIBRILLATION 4331

INTERVAL BETWEEN ONSET AND DEATH

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): CONGESTIVE HEART FAILURE.

19. WAS AUTOPSY PERFORMED? YES [ ] NO [ ] 0

MEDICAL CERTIFICATION

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 10-8-58, to 10-9-58 and last saw her/him alive on 10-9-58
Death occurred at 12:30 AM m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Arturo Gonzalez DO

22b. ADDRESS: 717 E. Jefferson Clinton

22c. DATE SIGNED: 10-9-58

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: 10-11-58

23c. NAME OF CEMETERY OR CREMATORY: Crown Hill

23d. LOCATION (City, town, or county) (State): Sedalia, Missouri

24. FUNERAL DIRECTOR ADDRESS: D. W. Heckart, Sedalia, Missouri

25. DATE RECD. BY LOCAL REG.: 10-10-58

26. REGISTRAR'S SIGNATURE: Mildred Bigum

(Licensed Embalmer's Statement on Reverse Side)

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.

VS SEP 4 1959

AUG 17 1961

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 D. L. Shaffer

Licensed Embalmer No. 5063

P. O. Address Adelaide, 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.