

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-033372
STATE FILE NUMBER

FILED OCT 14 1958 Registration District No. 175 Primary Registration District No. 3036 Registrar's No. 96

S. 300
v. 1-57

1. PLACE OF DEATH a. COUNTY Lawrence			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Lawrence		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Aurora		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Aurora		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 102 W. Delta		Length of stay in lb years	d. STREET ADDRESS (If outside, give location) 102 W. Delta		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First IDA Middle MAY Last HOLT			4. DATE OF DEATH Month Oct. Day 4 Year 1958		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 3/13/1867	9. AGE (In years last birthday) 91	IF UNDER 1 YEAR Months 0 Days 0 Hours 0 Min. 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Home	11. BIRTHPLACE (City and state or country) Lawrence Co., Mo.		12. CITIZEN OF WHAT COUNTRY? USA.
13a. FATHER'S NAME John Hight		13b. MOTHER'S MAIDEN NAME Rebecca Hillhouse		14. NAME OF HUSBAND OR WIFE - - - - -	
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 Ruth McNeill Address Aurora, 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) Hemorrhage, multiple petechial throughout entire body DUE TO (b) Traumatic in origin DUE TO (c) 9020 21 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Generalized arteriosclerosis					INTERVAL BETWEEN ONSET AND DEATH 6 days
20a. ACCIDENT <input checked="" 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.) Deceased fell out of bed and struck on left side of her skull.			
20c. TIME OF INJURY Hour 8:50 P.M. Month, Day, Year Oct. 4, 1958		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>			
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home		20f. CITY, TOWN, OR LOCATION Aurora COUNTY Lawrence STATE Missouri			
21. I attended the deceased from July 1955 to Oct. 4, 1958 and last saw her alive on Oct. 4, 1958 Death occurred at 8:50 P.M. on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE Kenneth L. Kelsoy M.D. (Degree or title)			22b. ADDRESS Aurora, Mo.		22c. DATE SIGNED Oct 6, 1958
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 10/8/1958	23c. NAME OF CEMETERY OR CREMATORY I.O.O.F. Cemetery		23d. LOCATION (City, town, or county) (State) Marionville, Mo.
24. FUNERAL DIRECTOR Arnold's Funeral Home		ADDRESS Aurora, Mo.		25. DATE RECD. BY LOCAL REG. Oct 6, 1958	26. REGISTRAR'S SIGNATURE Dora Mc Natt

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 James D. Crafton

Licensed Embalmer No. 4668

P. O. Address Curran Ave

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.