

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-039543

STATE FILE NUMBER

FILED DEC 15 1958 Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 1131A

1. PLACE OF DEATH a. COUNTY <u>Greene</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Lawrence</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Springfield</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>Mt Vernon</u> 0550 Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>St John's Hosp</u>		Length of stay in 1b <u>2 weeks</u>	
		d. STREET ADDRESS (If outside, give location) <u>531 E Center</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First <u>Ira</u> Middle <u>Merrel</u> Last <u>Holmes</u>			4. DATE OF DEATH Month <u>Nov</u> Day <u>29</u> Year <u>58</u>			
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Oct-16-1898</u>	9. AGE (In years last birthday) <u>60</u>	IF UNDER 1 YEAR Months <u>0</u> Days <u>0</u> Hours <u>0</u> Min. <u>0</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Car Dealer</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <u>Lawrence County, Mo</u>		
13. FATHER'S NAME <u>G. F. Holmes</u>			14. MOTHER'S MAIDEN NAME <u>Sarah Lodie</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO.		17. INFORMANT <u>Mabel Holmes</u> Address <u>Mt Vernon, Mo.</u>		

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>RUPTURE OF LEFT VENTRICLE</u>			INTERVAL BETWEEN ONSET AND DEATH <u>FEW MINUTES</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			
DUE TO (b) <u>INFARCTION OF MYOCARDIUM</u>			<u>13 DAYS</u>
DUE TO (c) <u>ATHEROSCLEROTIC CORONARY THROMBOSIS</u>			
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 checked="" type="checkbox"/> NO <input 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.) <u>4201</u>		
20c. TIME OF INJURY Hour <u>7:00</u> Month <u>11</u> Day <u>12</u> Year <u>58</u> 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 <u>Mt Vernon</u> COUNTY <u>Mo.</u> STATE <u>Mo.</u>	

21. I attended the deceased from <u>11-12-58</u> to <u>11-24-58</u> and last saw <u>per him</u> alive on <u>11-24-58</u> Death occurred at <u>7:00 P:M</u> m on the date stated above; and to the best of my knowledge, from the causes stated.		
22a. SIGNATURE <u>Glenn T. Turner</u> (Degree or title) <u>M.D.</u>	22b. ADDRESS <u>609 Cherry-Springfield, Mo</u>	22c. DATE SIGNED <u>12-8-58</u>

23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>11-27-58</u>	23c. NAME OF CEMETERY OR CREMATORY <u>I.O.O.F. Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Mt Vernon Mo.</u>
24. FUNERAL DIRECTOR <u>Max L Fosselt</u> ADDRESS <u>Mt Vernon, Mo.</u>	25. DATE REC'D BY LOCAL REG. <u>12-9-58</u>	26. REGISTRAR'S SIGNATURE <u>Effie E. Melton</u>	

(Licensed Embalmer's Statement on Reverse Side)

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-56  
 USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
 Cause of death must be accurately related. Coroner cannot certify to a death due to natural causes.

STATEMENT BY LICENSED EMBALMER

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

Student.....  
Signature of Student Embalmer

Signed *Max L. Farnett*

Licensed Embalmer No. *4*

P. O. Address *Missouri*

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