

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-040488

STATE FILE NUMBER

FILED DEC 10 1958

Registration District No. 160 Primary Registration District No. 559V Registrar's No. 181

300 0
1-57

All diseases in Part I must be causally related.

MEDICAL CERTIFICATION

1. PLACE OF DEATH a. COUNTY Jefferson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before registration) a. STATE Missouri b. COUNTY Jefferson	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Joachim		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Festus
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Jefferson Memorial		Length of stay in lb 5 weeks	d. STREET ADDRESS (If outside, give location) #6 Rose Lane
3. NAME OF DECEASED (Type or print) First Durwood Middle Glenn Last Holt			4. DATE OF DEATH Month Dec. , Day 3 , Year 1958
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Aug. 6, 1912
9a. USUAL OCCUPATION (Give kind of work done during most of working life in year of death) Filling Station Owner		9b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) 46
10a. USUAL OCCUPATION (Give kind of work done during most of working life in year of death)		10b. KIND OF BUSINESS OR INDUSTRY	10. BIRTHPLACE (City and state or country) Festus, Mo.
11a. FATHER'S NAME Edward Holt		11b. MOTHER'S MAIDEN NAME Edith Frazier	11. BIRTHPLACE (City and state or country) U. S. A.
12a. FATHER'S NAME		12b. MOTHER'S MAIDEN NAME	12. CITIZEN OF WHAT COUNTRY?
13. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		13b. SOCIAL SECURITY NO.	13. NAME OF HUSBAND OR WIFE Matrice Ruprecht Holt
14. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		14b. SOCIAL SECURITY NO.	14. NAME OF HUSBAND OR WIFE Mrs. Matrice Holt # 6 Rose Lane Festus, 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) Carcinoma stomach			INTERVAL BETWEEN ONSET AND DEATH 5 months
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Carcinoma metastatic lungs			2 months
DUE TO (c) _____			
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 type="checkbox"/> NO <input checked="" 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.)		
20c. TIME OF INJURY Hour _____ Month _____ Day _____ Year _____ a.m. _____ p.m. _____	20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20f. CITY, TOWN, OR LOCATION COUNTY STATE		
21. I attended the deceased from 10-7-58 to 12-3-58 and last saw her/him alive on 12-3-58 Death occurred at 3:00 PM on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE N. Goskit M.D.		22b. ADDRESS FESTUS MO	22c. DATE SIGNED 12/3/58
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 12-5-58	23c. NAME OF CEMETERY OR CREMATORY Charter	23d. LOCATION (City, town, or county) (State) Platte Township Mo.
24. FUNERAL DIRECTOR Vinyard Funeral Home, Inc., ADDRESS Festus, Mo.		25. DATE RECD. BY LOCAL REG. 12-3-58	26. REGISTRAR'S SIGNATURE <i>[Signature]</i>

DATE RECEIVED DEC 9 1938

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 *Walter B. Vinson*

Licensed Embalmer No. *4075*
P. O. Address *Foster, N.C.*

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.