

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-006004

STATE FILE NUMBER

83

FILED FEB 17 1959

Registration District No. 146

Primary Registration District No. 3026

Registrar's No.

300
-57

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, give TOWNSHIP only) Independence		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Independence <i>1700 S</i> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Indep. San. & Hosp.		Length of stay in lb 18 years	d. STREET ADDRESS (If outside, give location) 1223 So. Pearl Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last RUBY ARLENE HOLDER			4. DATE OF DEATH Month Day Year Feb. 10, 1959
5. SEX Female	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 July 11, 1932
9. AGE (In years last birthday) 26		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) Waitress		10b. KIND OF BUSINESS OR INDUSTRY Green Gables Tavern	11. BIRTHPLACE (City and state or country) Sioux Falls, So. Da., U.S.A.
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Martin Evenson	13b. MOTHER'S MAIDEN NAME Arlene M. Zeigler
14. NAME OF HUSBAND OR WIFE Robert L. Holder		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. 488-32-8004
17. INFORMANT Martin Evenson, Rt. # 1, Sibley, Mo.		Address	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Shock & hemorrhage resulting from ruptured spleen, so cerebral mesenteric</i> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <i>Ruptured spleen, so cerebral mesenteric</i> DUE TO (c) <i>Ruptured lung</i>			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)			19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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.) <i>Car struck a tree</i>		
20c. TIME OF INJURY Hour a.m. <i>2:19 pm</i> Month, Day, Year <i>2-10-59</i>	20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, store, street, office bldg., etc.) <i>Street</i>	20f. CITY, TOWN, OR LOCATION <i>Independence</i>	120 COUNTY <i>Jackson</i>	STATE <i>Mo</i>
21. I attended the deceased from _____, to _____ and last saw her alive on _____ Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.			
22. SIGNATURE <i>Geo. C. Carson</i> (Degree or title) 3	22b. ADDRESS <i>6627 Prospect St</i>	22c. DATE SIGNED <i>2-10-59</i>	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 2-12-59	23c. NAME OF CEMETERY OR CREMATORY Oak Ridge Memory Gardens	23d. LOCATION (City, town, or county) (State) Indep., Mo;
24. FUNERAL DIRECTOR Geo. C. Carson & Sons, Indep., Mo.		ADDRESS	25. DATE RECD. BY LOCAL REG. 2-12-59
		26. REGISTRAR'S SIGNATURE <i>James Zeigler</i>	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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 *Dean W. Huff*

Licensed Embalmer No. *4914*

P. O. Address *Indy, 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.