

Health,
& Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-010371
STATE FILE NUMBER

FILED MAR 17 1959

Registration District No. 273 Primary Registration District No. Registrar's No. 23

S. 300
1-57

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| 1. PLACE OF DEATH a. COUNTY Perry | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Perry | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Marys Twp. | | c. CITY OR TOWN Perryville | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Perryville, R.4 | | d. STREET ADDRESS (If outside, give location) R.4. | |

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|---|----------------------------------|---|--|--|--|
| 3. NAME OF DECEASED (Type or print) First Cora Middle Loretta Last Holmes | | | 4. DATE OF DEATH Month March Day 6 Year 1959 | | |
| 5. SEX Female | 6. COLOR OR RACE White | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH June 21, 1875 | | 9. AGE (In years, last birthday) 83 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife | | 10b. KIND OF BUSINESS OR INDUSTRY | | 11. BIRTHPLACE (City and state or country) Madison County, Mo. | |
| 12. CITIZEN OF WHAT COUNTRY? U.S.A. | | | | | |

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|--|--|---|--|---|--|
| 13a. FATHER'S NAME Lafayette Hahn | | 13b. MOTHER'S MAIDEN NAME Unknown | | 14. NAME OF HUSBAND OR WIFE David Holmes | |
| 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. | | 17. INFORMANT Jim Holmes, Perryville, Mo. | |

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|--|--|--|----------------------------------|
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute Myocardial Failure | | | INTERVAL BETWEEN ONSET AND DEATH |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Mitral incompetency | | | |
| DUE TO (c) Arteriosclerosis | | | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 4210 | | | |
| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | | | |

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|---|--|--|--|--|--|
| 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 _____ a.m. _____ p.m. | | | | | |

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|---|--|--|--|---|--|
| 20d. INJURY OCCURRED WHILE AT <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 COUNTY STATE | |
| 21. I attended the deceased from 1957 to 3/6/59 and last saw her alive on _____ Death occurred at 1220 A m on the date stated above; and to the best of my knowledge, from the causes stated. | | | | | |

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|--|--|--|--|-----------------------------------|--|
| 22a. SIGNATURE (Deceased or title) Emmelmaad | | 22b. ADDRESS 2 Perryville Mo | | 22c. DATE SIGNED 3/7/59 | |
|--|--|--|--|-----------------------------------|--|

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|--|--|-----------------------------------|--|---|--|
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 23b. DATE March 8, 1959 | | 23c. NAME OF CEMETERY OR CREMATORY Cedar Frok Cem. | |
| | | | | 23d. LOCATION (City, town, or county) (State) Perryville, Mo. R.4 | |

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|---|--|---|--|---|--|
| 24. EMERALD DIRECTOR Albert Bey Perryville, Mo. | | 25. DATE RECD. BY LOCAL REG. 3-7-59 | | 26. REGISTRAR'S SIGNATURE Joseph Zoellner | |
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(Licensed Embalmer's Statement on Reverse Side)

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.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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, ~~only~~, Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed *Albert Bey*

Licensed Embalmer No. *3826*

P. O. Address *Ferrynille, Md*

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.