

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-016170

STATE FILE NUMBER

FILED MAY 8 1959 Registration District No. 317 Primary Registration District No. 547 Registrar's No. 1201

300  
-57

1. PLACE OF DEATH a. COUNTY <u>ST. LOUIS</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>ST. LOUIS</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>RICHMOND HEIGHTS</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>ST LOUIS MO 36</u> <u>10038</u> <u>4020</u>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>ST. MARYS</u>		Length of stay in 1b <u>10 HRS</u>	d. STREET ADDRESS (If outside, give location) <u>10038 BARON</u>
3. NAME OF DECEASED (Type or print) First <u>DAVID</u> Middle <u>EARL</u> Last <u>HOLIFIELD</u>			4. DATE OF DEATH Month <u>MAY</u> Day <u>1</u> Year <u>1959</u>
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>MAY 1, 1959</u>
9. AGE (In years last birthday)		IF UNDER 1 YEAR Months <u>10</u> Days <u>13</u>	IF UNDER 24 HRS. Hours <u>10</u> Min <u>13</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>NONE</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>NONE</u>	11. BIRTHPLACE (City and state or country) <u>RICHMOND HEIGHTS, Mo.</u>
12. CITIZEN OF WHAT COUNTRY? <u>USA.</u>		13a. FATHER'S NAME <u>DONALD HOLIFIELD</u>	
13b. MOTHER'S MAIDEN NAME <u>PATSY ANN CHRISTIAN</u>		14. NAME OF HUSBAND OR WIFE <u>NONE</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>NONE</u>	17. INFORMANT <u>DONALD HOLIFIELD, ST. LOUIS 21, 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>Prematurity</u>			INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____ DUE TO (c) _____			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (e) <u>776X</u>			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 _____ a.m. _____ p.m. _____ Month, Day, Year _____			
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 COUNTY STATE
21. I attended the deceased from <u>5/1/59</u> to <u>5/1/59</u> and last saw her/him alive on <u>5/1/59</u> Death occurred at <u>10120th</u> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>George H. Decker</u> (Degree or title)		22b. ADDRESS <u>4500 Olive</u>	22c. DATE SIGNED <u>5/1/59</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>	23b. DATE <u>5-1-1959</u>	23c. PLACE OF BURIAL, CREMATION, OR REMOVAL <u>HORNERSVILLE LOCAL</u>	23d. LOCATION (City, town, or county) (State) <u>KENNETT, Mo.</u>
24. FUNERAL DIRECTOR <u>THE FLORISSANT, Mortuary, Mo.</u>		ADDRESS <u>FLORISSANT</u>	25. DATE RECD. BY LOCAL REG. <u>5-1-59</u>
		26. REGISTRAR'S SIGNATURE <u>John C. Murphy M.D.</u>	

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, or by ....., Student Embalmer No. .... working under my personal supervision.

Student .....  
Signature of Student Embalmer

Signed *Gene A. Suttens* .....

Licensed Embalmer No. *4966* .....

P. O. Address *Flussville, N.Y.* .....

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.