

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-016993

STATE FILE NUMBER

FILED MAY 25 1959

Registration District No. 53 Primary Registration District No. 3010 Registrar's No. 187

300  
1-57

1. PLACE OF DEATH a. COUNTY <u>Cape Girardeau</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Cape Girardeau</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Cape Girardeau</u>		c. CITY OR TOWN <u>Cape Girardeau</u>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>St. Francis Hospital</u>		d. STREET ADDRESS (If outside, give location) <u>0164 437 S. Louisiana</u>	
3. NAME OF DECEASED (Type or print) First <u>Phillip</u> Middle <u>Dean</u> Last <u>Holshouser</u>		4. DATE OF DEATH Month <u>May</u> Day <u>15</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 14, 1959</u>
9a. AGE (In years last birthday) <u>1</u>		9b. IF UNDER 1 YEAR Months <u>1</u> Days <u>1</u> Hours <u>1</u> Min. <u>1</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>child</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Cape Girardeau, Mo.</u>	
11. BIRTHPLACE (City and state or country) <u>Cape Girardeau, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Herbert Holshouser</u>		13b. MOTHER'S MAIDEN NAME <u>Dorris Blattel</u>	
14. NAME OF HUSBAND OR WIFE <u>Herbert Holshouser</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. <u>none</u>		17. INFORMANT <u>Herbert Holshouser</u> Address <u>Cape Girardeau, 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>Subarachnoid hemorrhage</u> DUE TO (b) <u>prey, prior delivery of premature baby</u> DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>7605</u>			INTERVAL BETWEEN ONSET AND DEATH <u>26 hr.</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 _____ Month _____ Day _____ Year _____ a.m. _____ p.m. _____	
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		20g. COUNTY	
20h. STATE		21. I attended the deceased from <u>May 14, 1959</u> to <u>May 15, 1959</u> and last saw <sup>her</sup> alive on <u>May 15, 1959</u> Death occurred at <u>10:15</u> p.m. of the date stated above; and to the best of my knowledge, from the causes stated.	
22. SIGNATURE (Degree or title) <u>John Leroux MD</u>		22b. ADDRESS <u>Cape Girardeau Mo</u>	
22c. DATE SIGNED <u>May 18, 1959</u>		23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
23b. DATE <u>5/16/59/</u>		23c. NAME OF CEMETERY OR CREMATOR <u>Memorial Park Cemetery</u>	
23d. LOCATION (City, town, or county) <u>Cape Girardeau, Mo.</u>		24. FUNERAL DIRECTOR <u>J. J. ...</u> ADDRESS <u>Cape Girardeau, Mo.</u>	
25. DATE RECD. BY LOCAL REG. <u>5-18-1959</u>		26. REGISTRAR'S SIGNATURE <u>Gene Kasten</u>	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

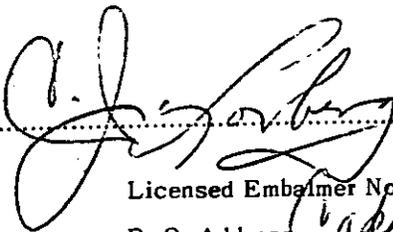
MEDICAL CERTIFICATION

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.

**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  .....  
Licensed Embalmer No. 3810 .....  
P. O. Address Cape Girardeau .....

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.