

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-017503

MAY 18 1959 Registration District No. 137 Primary Registration District No. 4218 STATE FILE NUMBER 123 Registrar's No. 123

| | | | |
|---|------------------------------|---|---|
| 1. PLACE OF DEATH a. COUNTY <i>Henry</i> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Mo</i> b. COUNTY <i>Henry</i> | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Windsor</i> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | c. CITY OR TOWN <i>Windsor</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 <i>304 Holmes St.</i> | | Length of stay in 1b <i>4 yrs.</i> | |
| d. STREET ADDRESS <i>304 Holmes St.</i> | | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |
| 3. NAME OF DECEASED (Type or print) First Middle Last <i>ANNA MAY SIMS HOLMES</i> | | | 4. DATE OF DEATH Month Day Year <i>MAY 9 1959</i> |
| 5. SEX <i>Female</i> | 6. COLOR OR RACE <i>W</i> | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH <i>Dec 3, 1878</i> |
| 9. AGE (In years last birthday) <i>81</i> | | 10. IF UNDER 1 YEAR Months Days Hours Min. | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i> | | 10b. KIND OF BUSINESS OR INDUSTRY | |
| 11. BIRTHPLACE (City and state or country) <i>Kentucky</i> | | 12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i> | |
| 13a. FATHER'S NAME <i>James R. Sims</i> | | 13b. MOTHER'S MAIDEN NAME <i>Mary Frances Marshall</i> | |
| 14. NAME OF HUSBAND OR WIFE <i>Isaiah Jason Holmes</i> | | 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) | |
| 16. SOCIAL SECURITY NO. | | 17. INFORMANT <i>Charles Holmes</i> | |
| 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>Circulatory Collapse</i> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <i>Cardiac Arrhythmia</i> DUE TO (c) <i>Arteriosclerotic Heart Disease</i> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>4200</i> | | INTERVAL BETWEEN ONSET AND DEATH <i>1 minute</i> <i>1 min.</i> <i>1 yr.</i> | |
| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | | 20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <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 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 <i>Windsor Mo.</i> | | COUNTY STATE | |
| 21. I attended the deceased from <i>Dec 1956</i> to <i>April 1959</i> and last saw her alive on <i>April 20, 1959</i> Death occurred at <i>DOA</i> on the date stated above; and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE <i>William J. Smith M.D.</i> | | 22b. ADDRESS <i>Windsor Mo.</i> | |
| 22c. DATE SIGNED <i>5/12/59</i> | | 22d. NAME OF CEMETERY OR CREMATORY <i>Marionville Cemetery</i> | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <i>REMOVAL</i> | | 23b. DATE <i>May 12, 1959</i> | |
| 23c. LOCATION (City, town, or county) <i>Marionville Mo.</i> | | (State) | |
| 24. FUNERAL DIRECTOR <i>E. M. Huston Windsor Mo</i> | | 25. DATE RECD. BY LOCAL REG. <i>5-13-59</i> | |
| 26. REGISTRAR'S SIGNATURE <i>Mildred Bigum</i> | | | |

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 Ellis M. Hurst

Licensed Embalmer No. 3391
P. O. Address Windsor, 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.