URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS AUG 1'9 1959

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Registration District No. 217 Primary Registration District No. 4329 Registrar's No. 61

59–029834
STATE FILE NUMBER

1. PLACE OF DEATH
a. COUNTY: Mississippi
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Wyatt
Length of stay in 1b: 27 yrs.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: P. O. Box 95
Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Mississippi
c. CITY OR TOWN: Wyatt
Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): P. O. Box 95
Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First: Eliza Middle: Last: Holiman
4. DATE OF DEATH Month Day Year: August 11, 1959
5. SEX: Female
6. COLOR OR RACE: Col.
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: Nov.13,1883
9. AGE (last birthday): 75
IF UNDER 1 YEAR / IF UNDER 24 HR: Months / Days / Hours / Min.
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): Holly Springs, Miss.
12. CITIZEN OF WHAT COUNTRY: USA
13a. FATHER'S NAME: Madison Guy
13b. MOTHER'S MAIDEN NAME: Eliza (Unk.)
14. NAME OF HUSBAND OR WIFE: Eligah H. Holiman
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT: Rev. Eligah H. Holiman, Address: Wyatt, Missouri

MEDICAL CERTIFICATION

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 Coronary Occlussion. — INTERVAL BETWEEN ONSET AND DEATH: 3 Hrs.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Hypertensive Arteriosclerotic Ht. Dis — 4-5 yrs.
DUE TO (c):
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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 ☐ NOT WHILE AT WORK ☐
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 26 Feb.59, to 11 Aug.59 and last saw her alive on 11 Aug. 59
Death occurred at 9:10 P.m on the date stated above, and to the best of my knowledge, from the causes stated.
22a. SIGNATURE: John L. Sample (Degree or Title) M.D.
22b. ADDRESS: Charleston, Mo.
22c. DATE SIGNED: 8/13/59
23a. BURIAL, CREMATION, REMOVAL (Specify): Removal
23b. DATE: Aug. 15, 1959
23c. NAME OF CEMETERY OR CREMATORY: Local Cemetery
23d. LOCATION (City, town, or county) (State): Holly Springs, Mississippi
24. FUNERAL DIRECTOR: L. R. Sparks ADDRESS: Charleston, Mo.
25. DATE RECD. BY LOCAL REG.: 8-14-59
26. REGISTRAR'S SIGNATURE: Dorothy B. Hathorn

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed_____

Licensed Embalmer No._____

P. O. Address_____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to co
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.