

DED

1. PLACE OF DEATH a. COUNTY <b>Scott</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Mississippi</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <b>Sikeston</b>		Length of stay in 1b <b>41 Days</b>	c. CITY OR TOWN <b>East Prairie, Mo.</b>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Mo. Delta Comm. Hosp.</b>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>306 Grand</b>

3. NAME OF DECEASED (Type or print) First <b>PATRICIA</b> Middle <b>JOY</b> Last <b>HOLDER</b>			4. DATE OF DEATH Month <b>8</b> Day <b>22</b> Year <b>1959</b>		
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5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>2-II-1927</b>	9. AGE (last birthday) <b>22</b>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HR Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Factor Worker</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Factor Worker</b>	11. BIRTHPLACE (City and state or country) <b>East Prairie, Mo.</b>	12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>
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13a. FATHER'S NAME <b>James Holder</b>	13b. MOTHER'S MAIDEN NAME <b>Beatrice McClendon</b>	14. NAME OF HUSBAND OR WIFE <b>*****</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>*****</b>	16. SOCIAL SECURITY NO. <b>Unknown</b>	17. INFORMANT <b>James Holder East Prairie, Mo.</b>
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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:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) <b>Cerebrovascular Accident</b>		<b>2 Days</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <b>2nd &amp; 3rd Thermal Burns 65% Body Surface</b>	<b>38 Days</b>
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. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input checked="" 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.) <b>cleaning at home with Gasoline which Ignited</b>
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20c. TIME OF INJURY Hour _____ Month, Day, Year <b>7-5-59</b>	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.) <b>Home</b>	20f. CITY, TOWN, OR LOCATION <b>East Prairie</b>	COUNTY <b>Mo.</b>	STATE <b>Mo.</b>
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21. I attended the deceased from **8/15/59** to **8/22/59** and last saw her  alive on **8/22/59**  
Death occurred at **8:57 P.** m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <b>May Q. Fitch</b> (Degree or title) <b>M.D.</b>	22b. ADDRESS <b>Sikeston, Mo.</b>	22c. DATE SIGNED <b>8-22-59</b>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>8-24-59</b>	23c. NAME OF CEMETERY OR CREMATORY <b>W.O.W.</b>	23d. LOCATION (City, town, or county) (State) <b>East Prairie, Mo.</b>
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24. FUNERAL DIRECTOR <b>Travis Shelby East Prairie, Mo.</b>	25. DATE RECD. BY LOCAL REG. <b>8-29-59</b>	26. REGISTRAR'S SIGNATURE <b>W. O. W. Hunter</b>
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

**STATEMENT BY LICENSED EMBALMER  
STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by  
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. \_\_\_\_\_  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.  
working under my personal supervision.

Student \_\_\_\_\_  
Student \_\_\_\_\_  
Signature of Student Embalmer  
Signature of Student Embalmer

Signed *Travis Shelby*  
Signed \_\_\_\_\_

Licensed Embalmer No. 149  
Licensed Embalmer No. \_\_\_\_\_  
P. O. Address East Point  
P. O. Address \_\_\_\_\_

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.)  
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.  
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