URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

59-032814

FILED VS OCT 13 1959

Registration District No. 155 Primary Registration District No. 5579 Registrar's No. 144

STATE FILE NUMBER

NDED

1. PLACE OF DEATH
a. COUNTY: JASPER
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: MINERAL TWSP. — Length of stay in 1b: 1 YR
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): ELMHURST CONVALESCENT HOME — Inside Limits: Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: MISSOURI b. COUNTY: JASPER
c. CITY OR TOWN: JOPLIN — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 1212 WISCONSIN AVE. — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First DAISY — Middle ALLEN — Last HOLMAN

4. DATE OF DEATH: Month SEPT. Day 30, Year 1959

5. SEX: F
6. COLOR OR RACE: W
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH: 3-28-188
9. AGE (last birthday): 78 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HR: 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: HOME
11. BIRTHPLACE (City and state or country): LOUISVILLE, KY.
12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: PRESTON FAGUE
13b. MOTHER'S MAIDEN NAME: ----- WHITLOCK
14. NAME OF HUSBAND OR WIFE: JOHN HOLMAN, DEC'D 1947

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: SON- JOE MILLIGAN, RT. 3, JOPLIN, MO. — Address

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): Ventricular fibrillation — INTERVAL BETWEEN ONSET AND DEATH: minutes
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Auricular fibrillation — years
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 1948, to 1959 and last saw her/him alive on
Death occurred at Joplin Missouri m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): E. O. Martin D. O.m F.A.A.O.S.
22b. ADDRESS: 709 Joplin St Joplin M
22c. DATE SIGNED: 10-2-59

23a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
23b. DATE: 10-3-59
23c. NAME OF CEMETERY OR CREMATORY: OSBORNE MEMORIAL,
23d. LOCATION (City, town, or county) (State): JOPLIN, MISSOURI

24. FUNERAL DIRECTOR — ADDRESS: STEVE PARKER MORTUARY, JOPLIN, MO.
25. DATE RECD. BY LOCAL REG.: 10-5-59
26. REGISTRAR'S SIGNATURE: Mrs. Madeline Switzer

(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 _____ Signed Harvey E. Arnce

Signature of Student Embalmer

Licensed Embalmer No. 446

P. O. Address Joplin

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