

URI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-035842

FILED VS NOV 2 1959

STATE FILE NUMBER

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 1149

ENDED

| | | | | | | |
|---|---|---|---|--|---|-------|
| 1. PLACE OF DEATH a. COUNTY Greene | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Greene | | | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Springfield | | Length of stay in 1b 40 years | c. CITY OR TOWN Springfield | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 925 S. New Avenue | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | d. STREET ADDRESS (If outside, give location) 925 S. New Avenue | | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |
| 3. NAME OF DECEASED (Type or print) First Middle Last BENJAMIN FRANKLIN HOLMES | | | 4. DATE OF DEATH Month Day Year October 25, 1959 | | | |
| 5. SEX Male | 6. COLOR OR RACE White | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH 1/3/1891 | 9. AGE (last birthday) 68 | IF UNDER 1 YEAR Months Days Hours Min. | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret. Merchant | | 10b. KIND OF BUSINESS OR INDUSTRY Furniture dealer | 11. BIRTHPLACE (City and state or country) Christian County, Mo. U.S.A. | | 12. CITIZEN OF WHAT COUNTRY | |
| 13a. FATHER'S NAME John Holmes | | 13b. MOTHER'S MAIDEN NAME Frances Hart | | 14. NAME OF HUSBAND OR WIFE Audie Holmes | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No | | 16. SOCIAL SECURITY NO. 491-03-1826 | 17. INFORMANT 1914 S. Ferguson, M.L. Holmes, Springfield, Missouri. | | | |
| 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>acute myocardial infarction</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>arteriosclerotic heart disease</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) | | | | | INTERVAL BETWEEN ONSET AND DEATH <u>minutes</u> <u>> 12 years</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 a.m. p.m. Month, Day, Year | | 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 | | COUNTY | | STATE |
| 21. I attended the deceased from <u>6-6-47</u> to <u>10-25-59</u> and last saw him alive on <u>9/21/59</u> Death occurred at <u>8:30 A.M.</u> m on the date stated above, and to the best of my knowledge, from the causes stated. | | | | | | |
| 22a. SIGNATURE <i>[Signature]</i> (Degree or title) M.D. | | | 22b. ADDRESS 609 Cherry-Springfield, Mo. | | 22c. DATE SIGNED 10-26-59 | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 23b. DATE Oct. 28/1959 | 23c. NAME OF CEMETERY OR CREMATORY Highlandville Cemetery | | 23d. LOCATION (City, town, or county) (State) Christian Co., Missouri. | | |
| 24. FUNERAL DIRECTOR Ralph Thieme | | 25. DATE RECD. BY LOCAL REG. 10-30-59 | 26. REGISTRAR'S SIGNATURE <i>[Signature]</i> | | | |

DOCUMENT

MEDICAL CERTIFICATION

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 me
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Ralph Williams

Licensed Embalmer No. 3681

P. O. Address Springfield

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.