

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-000462

FILED VS JAN 15 1960 43

STATE FILE NUMBER

Registration District No. 43 Primary Registration District No. 3007 Registrar's No. 15

|  |   |  |   |  |   |
|--|---|--|---|--|---|
| 1. PLACE OF DEATH<br>a. COUNTY <b>Butler</b>   |   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>Missouri</b> b. COUNTY <b>Butler</b> |  |   |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <b>Poplar Bluff</b>   |   | Length of stay in 1b<br><b>1 Mo</b>  | c. CITY OR TOWN <b>Poplar Bluff</b>   |  | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  |
| c. FULL NAME OF (if NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <b>Poplar Bluff Hosp.</b>   |   | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>   | d. STREET ADDRESS <b>912 Benton St.</b>   |  | Reside on Farm<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| 3. NAME OF DECEASED<br>(Type or print)<br>First <b>Luevenia</b> Middle <b>Holmes</b> Last <b>Holmes</b>  |   |  | 4. DATE OF DEATH<br>Month <b>Jan.</b> Day <b>7,</b> Year <b>1960</b>  |  |   |
| 5. SEX<br><b>Female</b>  | 6. COLOR OR RACE<br><b>Negro</b>  | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH<br><b>9/28, 1902</b>   | 9. AGE (last birthday)<br><del>52</del> <b>57</b>  | IF UNDER 1 YEAR<br>Months <b>9</b> Days <b>9</b>                                      |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Housewife</b>  |   | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>Home</b>   | 11. BIRTHPLACE (City and state or country)<br><b>Mississippi</b>  |  | 12. CITIZEN OF WHAT COUNTRY<br><b>U. S. A.</b>  |
| 13a. FATHER'S NAME<br><b>Unknown</b>   |   | 13b. MOTHER'S MAIDEN NAME<br><b>Unknown</b>  |   | 14. NAME OF HUSBAND OR WIFE<br><b>J. B. Holmes</b>   |   |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES?<br>(Yes, no, or unknown) (If yes, give war or dates of service)<br><b>No</b>   |   | 16. SOCIAL SECURITY NO.  |   | 17. INFORMANT<br>Address<br><b>J. B. Holmes, Poplar Bluff, Mo.</b>   |   |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>Bilateral Lobar pneumonia</b>   |   |  |   |  | INTERVAL BETWEEN ONSET AND DEATH<br><b>6 days</b>                                     |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. )<br>DUE TO (b) _____<br>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.<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |   |
| 19. WAS AUTOPSY PERFORMED?<br>YES <input type="checkbox"/> NO <input 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<br>Hour _____ a.m. _____ p.m.<br>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>7 Jan 60</u> to <u>7 Jan 60</u> and last saw her <u>alive</u> on <u>7 Jan 60</u><br>Death occurred at <u>10:00 P. M.</u> on (the date stated above, and to the best of my knowledge, from the causes stated. |   |  |   |  |   |
| 22a. SIGNATURE <i>[Signature]</i> (Degree or title)  |   |  | 22b. ADDRESS <b>Poplar Bluff, Mo.</b>   |  | 22c. DATE SIGNED <b>7 Jan 60</b>  |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Removal</b>  |   | 23b. DATE<br><b>1/9/1960</b>   | 23c. NAME OF CEMETERY OR CREMATORY<br><b>Turrell, Ark.</b>  |  | 23d. LOCATION (City, town, or county) (State)   |
| 24. FUNERAL DIRECTOR<br><b>Frank-Cotrell Chapel, Poplar Bluff</b>  |   | 25. DATE RECD. BY LOCAL REG.<br><b>1/9/60</b>  |   | 26. REGISTRAR'S SIGNATURE <i>[Signature]</i>   |   |

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS FEB 10 1988

Enter  
 Hospital  
 Topical  
 Jan. 7, 1988  
 Female  
 Unknown  
 Signature of Student 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  
 or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
 working under my personal supervision.

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

Signed Edgar W. [Signature]  
 Licensed Embalmer No. 3394  
 Address [Signature]

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.

[Faint text and markings at the bottom of the page, including a date stamp 'FEB 10 1988']