

R I DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

LED VS JAN 9 1960

60-001326
STATE FILE NUMBER

Registration District No. 143 Primary Registration District No. 5560 Registrar's No. 1

DED

1. PLACE OF DEATH a. COUNTY Howell		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Howell	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Willow Springs TWP		Length of stay in 1b	c. CITY OR TOWN Willow Springs,
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Star "oute

3. NAME OF DECEASED (Type or print) First Middle Last NANCY FRANCES HOLESAPPLE			4. DATE OF DEATH Month Day Year Jan. 14, 1960		
5. SEX Female	6. COLOR OR RACE "hite	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 5/25/1892	9. AGE (last birthday) 67	IF UNDER 1 YEAR IF UNDER 24 HR Months 3 Days 19 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) Paris Tenn.	12. CITIZEN OF WHAT COUNTRY Uga
13a. FATHER'S NAME Nathan Melzar		13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE J. H. Holesapple
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. 493-16-6782	17. INFORMANT Address J. H. Holesapple, Willow Springs	

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 12 hrs.
IMMEDIATE CAUSE (a) Acute Coronary occlusion.			
DUE TO (b) Arteriosclerotic heart disease.			
DUE TO (c) _____			

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 1) HYPERTENSION @ Chronic cholelithiasis 2) Diabetes mellitus		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
---	--	---

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>1/12/60</u> to <u>1/13/60</u> and last saw her/him alive on <u>1/13/60</u> Death occurred at <u>11:55 p.m. 1/13/60</u> m on the date stated above, and to the best of my knowledge, from the causes stated.				

22a. SIGNATURE (Degree, or title) Amos L. Coffee M.D.		22b. ADDRESS Willow Springs, Mo.	22c. DATE SIGNED 1/16/60
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 1/17/60	23c. NAME OF CEMETERY OR CREMATORY Koshkonong Cemetery	23d. LOCATION (City, town, or county) (State) Koshkonong, Mo.

24. FUNERAL DIRECTOR Burns Willow Springs, Mo.	25. DATE RECD. BY LOCAL REG. 1/16/60	26. REGISTRAR'S SIGNATURE Mardalene Ballard
--	--	---

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 _____
or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Fred W. Barnes
Signed **Fred W. Barnes**

Licensed Embalmer No. 4614

P. O. Address Willow Springs

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.