URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-60-009542

FILED VS MAR 14 1960

NDED

Registration District No. 341 Primary Registration District No. _____ Registrar's No. 4

STATE FILE NUMBER

1. PLACE OF DEATH
a. COUNTY Stone
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Reeds Spring — Length of stay in 1b Lbe
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) — Inside Limits Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo b. COUNTY Stone
c. CITY OR TOWN Reeds Spring — Inside Limits Yes ☐ No ☐
d. STREET ADDRESS (If outside, give location) — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First Jesse Middle Richard Last Holt

4. DATE OF DEATH Month Mar Day 4 Year 1960

5. SEX m

6. COLOR OR RACE Wh

7. Married ☐ Never Married ☐ Widowed ☐ Divorced ☒

8. DATE OF BIRTH Oct 2 1890

9. AGE (last birthday) 69 — IF UNDER 1 YEAR Months 3 Days 2 — IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country) Stone Co

12. CITIZEN OF WHAT COUNTRY U.S

13a. FATHER'S NAME Fieldon Holt

13b. MOTHER'S MAIDEN NAME Alice B Couch

14. NAME OF HUSBAND OR WIFE Divorced

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Farmer

16. SOCIAL SECURITY NO. 497-12-5340

17. INFORMANT Address Orville Holt - Reeds Spring Mo

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Cerry Thrus — INTERVAL BETWEEN ONSET AND DEATH Most
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (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. ☐ 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.) Home.

20f. CITY, TOWN, OR LOCATION Reeds Springs. COUNTY Stone STATE Mo.

21. I attended the deceased from _____, to _____ and last saw ~~him~~ him alive on _____
Death occurred at 7 a m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) J Hynney Ann Anna A

22b. ADDRESS Gunn Mo.

22c. DATE SIGNED 7 Mar 1960

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial

23b. DATE Mar. 6-1960

23c. NAME OF CEMETERY OR CREMATORY Eisenhaur

23d. LOCATION (City, town, or county) (State) Galena Mo

24. FUNERAL DIRECTOR Everett J. Cheatham — ADDRESS Galena Mo

25. DATE RECD. BY LOCAL REG. March 12-60

26. REGISTRAR'S SIGNATURE Mrs J Elmer Brosseau

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

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 Everett J. Cheatham

Signature of Student Embalmer

Licensed Embalmer No. 8870

P. O. Address Galena Ill

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.