

FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS APR 11 1960

60-011008

STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 1726

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City		Length of stay in 1b 16 1/2 days	c. CITY OR TOWN Raytown
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Joseph's Hospital		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 8108 Short St.

3. NAME OF DECEASED (Type or print) First H Middle HAROLD Last HOLMES	4. DATE OF DEATH Month March Day 23 Year 1960
---	---

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 June 1, 1902	9. AGE (last birthday) 59	IF UNDER 1 YEAR Months 57 Days	IF UNDER 24 HR Hours 57 Min.
--------------------	-------------------------------	---	--------------------------------------	----------------------------------	--	--

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Operator	10b. KIND OF BUSINESS OR INDUSTRY Restaurant Board of Trade	11. BIRTHPLACE (City and state or country) Greenview, Illinois	12. CITIZEN OF WHAT COUNTRY U.S.A.
--	---	--	--

13a. FATHER'S NAME Johnnie Holmes	13b. MOTHER'S MAIDEN NAME Laura Beck	14. NAME OF HUSBAND OR WIFE Frances 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. 483-09-0719	17. INFORMANT Frances Holmes of 8108 Short St., Raytown, Mo.
---	---	--

18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Hemorrhage		INTERVAL BETWEEN ONSET AND DEATH 36 hours
DUE TO (b) Cerebral Arterio Sclerosis		
DUE TO (c)		Chronic

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Cirrhosis of Liver	PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
--	--

19. WAS AUTOPSY PERFORMED? YES <input checked="" 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 8:30 a.m. p.m.	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 Summerville, Missouri	COUNTY Summerville, Missouri	STATE
--	--	--	--	--	-------

21. I attended the deceased from June 1954 to March 23, 1960 and last saw ^{her} him alive on March 23, 1960 Death occurred at 7:45 P m on the date stated above, and to the best of my knowledge, from the causes stated.
--

22a. SIGNATURE David J. Elias MD (Degree or title)	22b. ADDRESS 9306 E 40 Hwy Indpls. Mo	22c. DATE SIGNED 3-24-60
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 3-24-60	23c. NAME OF CEMETERY OR CREMATORY Summerville Missouri
23d. LOCATION (City, town, or county) Summerville, Missouri	23e. STATE Missouri	

24. FUNERAL DIRECTOR Melody-McGilby-Eylar Funeral Home	25. DATE RECD. BY LOCAL REG. 3-24-60	26. REGISTRAR'S SIGNATURE Neva Marshall
--	--	---

1800 E. Linwood

(Licensed Embalmer's Statement on Reverse Side)

BY AFFIDAVIT OF **David J. Elias**

MEDICAL CERTIFICATION

INDEXED

Dr. David
9306a
Hwy

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 Arthur Eugene Har

Licensed Embalmer No. 4912

P. O. Address 120 Mo

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.