

R DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-014868

FILED VS MAY 9 1960 128

Registration District No. 2000 Primary Registration District No. Registrar's No. 516

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Green				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY Christian					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Springfield		Length of stay in 1b 2 Weeks		c. CITY OR TOWN Ozark, Mo		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Baptist Hospital			Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) City		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First Elizabeth Middle Holt Last Holt				4. DATE OF DEATH Month May Day 2-- Year 1960					
5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 7/20/1908	9. AGE (last birthday) 51	IF UNDER 1 YEAR Months 5 Days 17	IF UNDER 24 HR Hours 0 Min. 0		
10a. USUAL OCCUPATION (Give kind of work done or type of working life, even if retired) Housekeeper			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Christian Co, Mo		12. CITIZEN OF WHAT COUNTRY U S A		
13a. FATHER'S NAME Jack Holt			13b. MOTHER'S MAIDEN NAME Ida Adams			14. NAME OF HUSBAND OR WIFE			
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.		17. INFORMANT Address Mrs Ida Holt, Ozark, 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) Subarachnoid Hemorrhage							INTERVAL BETWEEN ONSET AND DEATH 17 days		
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. <input type="checkbox"/> Yes <input 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 4:18 a.m. 6 Month, Day, Year 1960		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 Springfield Mo		COUNTY Christian STATE Mo	
21. I attended the deceased from 4/18/60 to 5/2/60 and last saw her 5/2/60 and last saw him alive on 5/2/60 Death occurred at 5/2/60-4: P M on the date stated above, and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE E. B. Chabbin (Degree or title)				22b. ADDRESS Springfield Mo				22c. DATE SIGNED 5/4/60	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 5/4/60	23c. NAME OF CEMETERY OR CREMATORY Ozark Cemetery			23d. LOCATION (City, town, or county) Ozark, Mo		23e. STATE Mo		
24. FUNERAL DIRECTOR T. B. Chabbin ADDRESS Ozark, Mo			25. DATE RECD. BY LOCAL REG. 5-5-60		26. REGISTRAR'S SIGNATURE Effie E. Melton				

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

Signed T. B. Chaffin

Licensed Embalmer No. 2192

P. O. Address Ozark 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.