

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-014971

FILED VS APR 25 1960 128 Primary Registration District No. Registrar's No. 409A STATE FILE NUMBER

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

3. NAME OF DECEASED (Type or print) First Neil Middle Ray Last Holder			4. DATE OF DEATH Month April Day 9 Year 1960		
5. SEX FEMALE	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 1-5-1986	9. AGE (last birthday) 74	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife		10b. KIND OF BUSINESS OR INDUSTRY SELF	11. BIRTHPLACE (City and state or country) Rankin, Tennessee	12. CITIZEN OF WHAT COUNTRY U.S.A.	

13a. FATHER'S NAME MARK MOORE ROGERS		13b. MOTHER'S MAIDEN NAME AMANDA E. FUNKHOUSER		14. NAME OF HUSBAND OR WIFE HERSCHEL HOLDER	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No None		16. SOCIAL SECURITY NO. 491-427734(A)	17. INFORMANT Address HERSCHEL HOLDER, Walnut Grove, Mo		

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 1 month
IMMEDIATE CAUSE (a) Coronary Heart Failure			
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Arterio-sclerotic 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)		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	
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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 Month, Day, Year p.m.		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" 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 **April 1 1960** to **April 9 1960** and last saw her ^{her} ~~when~~ alive on **April 9-1960**
Death occurred at **10:20 P.M.** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Dr. J. W. ...		22b. ADDRESS Springfield, Mo		22c. DATE SIGNED 4/16/60	
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 4-12-1960	23c. NAME OF CEMETERY OR CREMATORY GREEN LAWN CEMETERY, Walnut Grove, Mo.		23d. LOCATION (City, town, or county) (State)	

24. FUNERAL DIRECTOR ADDRESS Brin-DANIEL FUNERAL SERVICE, MO., Walnut Grove, Mo.		25. DATE RECD. BY LOCAL REG. 4-19-60	26. REGISTRAR'S SIGNATURE Effie E. Melton		
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DOCUMENT MEDICAL CERTIFICATION BY AFFIDAVIT OF

0561 002 1980

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Ray E. Ireland

Licensed Embalmer No. 5052
P. O. Address Halbert Grove

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.