

IRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-018303

LED VS MAY 16 1960 31

Registration District No. _____ Primary Registration District No. 5108 Registrar's No. 9

STATE FILE NUMBER

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1. PLACE OF DEATH a. COUNTY Benton				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Benton									
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Williams Township		Length of stay in 1b 6 Years		c. CITY OR TOWN Williams Township		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>							
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION R #1 Cole Camp			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) R #1 Cole Camp		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>						
3. NAME OF DECEASED (Type or print) H. Davis Holmes				4. DATE OF DEATH Month May Day 3rd Year 1960									
5. SEX Male		6. COLOR OR RACE White		7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 12-3-1869		9. AGE (last birthday) 90		IF UNDER 1 YEAR Months _____ Days _____ Hours _____		IF UNDER 24 HR Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter				10b. KIND OF BUSINESS OR INDUSTRY Building		11. BIRTHPLACE (City and state or country) Chattanooga Tenn		12. CITIZEN OF WHAT COUNTRY U.S.A.S.					
13a. FATHER'S NAME John Robert Holmes				13b. MOTHER'S MAIDEN NAME Nancy T. Heaton				14. NAME OF HUSBAND OR WIFE Margaret Holmes					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes <input type="checkbox"/> or unknown) (If yes, give war or dates of service) No				16. SOCIAL SECURITY NO. 558-28-8559		17. INFORMANT Address Mrs Juanita Brewer Cole Camp 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			
IMMEDIATE CAUSE (a) Anoxia										immediate			
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Congestive Heart failure										1 wk			
DUE TO (c) Decomposition of heart										1 year			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) None										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 _____ 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 6-7-58 to 5-4-60 and last saw her/him alive on 4-30-60 Death occurred at 7:40 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE <i>Chas. Holmes Sr.</i> (Deceased or title)						22b. ADDRESS Cole Camp Mo			22c. DATE SIGNED 5-4-60				
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial			23b. DATE 5-6-1960		23c. NAME OF CEMETERY OR CREMATORY Cole Camp Memorial			23d. LOCATION (City, town, or county) Cole Camp		Mo (State)			
24. FUNERAL DIRECTOR E L Eickhoff Cole Camp Mo ADDRESS				25. DATE RECD. BY LOCAL REG. 5/4/60		26. REGISTRAR'S SIGNATURE <i>E. L. Eickhoff</i>							

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 
E L Eickhoff

Licensed Embalmer No. 730

P. O. Address Cole Camp Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to do so 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.