

URU DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-019787

FILED VS MAY 18 1960 157

Registration District No. Primary Registration District No. 3028 Registrar's No. 107

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Jasper			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jasper		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Carthage		Length of stay in 1b	c. CITY OR TOWN Carthage		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION D.O.A. McCune Brooks H <input checked="" type="checkbox"/> X <input type="checkbox"/>			Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 1031 Cedar Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> X	
3. NAME OF DECEASED (Type or print) First Middle Last Bertha May Holmes			4. DATE OF DEATH Month Day Year May 2, 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 1-20-1885	9. AGE (last birthday) 75
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)			10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Avilla, Mo.	12. CITIZEN OF WHAT COUNTRY U. S. A.
13a. FATHER'S NAME O. E. Holmes		13b. MOTHER'S MAIDEN NAME Evaline Kessler		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. 487-38-9039	17. INFORMANT Address Miss Olive Holmes, Carthage, 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) Occlusion, Coronary Artery					INTERVAL BETWEEN ONSET AND DEATH 1 hr
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) Hypothyroidism				PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <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 a.m. 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 Feb 1946 to 5-2-60 and last saw her alive on Jan 22, 1960 Death occurred at 2:45 P. m on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) George H. Wood M. D.		22b. ADDRESS Carthage, Mo.		22c. DATE SIGNED May 3 '60	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 5-5-1960	23c. NAME OF CEMETERY OR CREMATORY Sommerset Cemetery	23d. LOCATION (City, town, or county) Jasper Co, Missouri		
24. FUNERAL DIRECTOR ADDRESS Ulmer Funeral Home, Carthage, Mo.		25. DATE RECD. BY LOCAL REG. 5-9-60	26. REGISTRAR'S SIGNATURE WJ Clinton		

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 n
or by Melvin C. Garrett, Student Embalmer No. 605
working under my personal supervision.

Student Melvin C. Garrett
Signature of Student Embalmer

Signed Edwin S. Shiner

Licensed Embalmer No. 4955

P. O. Address Southampton, N.C.

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.