MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

FILED VS AUG 24 1960 — 60-031248 STATE FILE NUMBER

Registration District No. 385 Primary Registration District No. 3039 Registrar's No. 139

1. PLACE OF DEATH
a. COUNTY Linn
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Marceline — Length of stay in 1b: 1-Month
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Buntin Rest Home — Inside Limits Yes X No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY Chariton
c. CITY OR TOWN Brunswick — Inside Limits Yes X No ☐
d. STREET ADDRESS (If outside, give location) Brunswick, Gottshalk Addn. — Reside on Farm Yes ☐ No X

3. NAME OF DECEASED (Type or print): First Joseph Middle Grant Last Holt
4. DATE OF DEATH: Month Aug. Day 1st Year 1960
5. SEX: Male
6. COLOR OR RACE: White
7. Married ☐ Never Married ☐ Widowed XX Divorced ☐
8. DATE OF BIRTH: Feb. 8th, 1866
9. AGE (last birthday): 94 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HR: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Farmer
11. BIRTHPLACE (City and state or country): Chillicothe, Mo.
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: Not Known
13b. MOTHER'S MAIDEN NAME: Nancy Jane Moore
14. NAME OF HUSBAND OR WIFE: Alma Stanley
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT: Edyth Myler, Address: Brunswick, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) ESOPHAGEAL HEMMORHAGE
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) ARTERIOSCLEROTIC CARDIOVASCULAR DISEASE
DUE TO (c)
INTERVAL BETWEEN ONSET AND DEATH

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) GANGRENE LEFT LEG
CIRRHOSIS of LIVER. DECOMPENSATION

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☑
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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 ☐ NOT WHILE AT WORK ☐
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 7-17-60, to 8-1-60 and last saw him alive on July 31, 1960
Death occurred at 3:15 P.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE [signature] (Degree or title)
22b. ADDRESS Marceline Missouri
22c. DATE SIGNED 8-4-60

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: Aug. 4th, 1960
23c. NAME OF CEMETERY OR CREMATORY: Bethany Cemetery
23d. LOCATION (City, town, or county) (State): Chariton County, Mo.

24. FUNERAL DIRECTOR: W. W. Garner ADDRESS: Keytesville, Mo.
25. DATE RECD. BY LOCAL REG.: 8-4-60
26. REGISTRAR'S SIGNATURE: Bronnie Owens

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT 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 m

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed Lilburn R. Fello

Signature of Student Embalmer

Licensed Embalmer No. 450

P. O. Address Maule

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