

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-033552

STATE FILE NUMBER

FILED 13 AUG 22 1960

De mers  
Registration District No. 352

Primary Registration District No.

Registrar's No. 61

1. PLACE OF DEATH a. COUNTY <b>Taney</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Taney</b>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Forsyth</b>		Length of stay in 1b <b>years</b>	c. CITY OR TOWN <b>Forsyth</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Street in Forsyth</b>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>Forsyth</b>	
3. NAME OF DECEASED (Type or print) First <b>THEODORE</b> Middle <b>HOLT</b> Last			4. DATE OF DEATH Month <b>Aug.</b> Day <b>11</b> Year <b>1960</b>		
5. SEX <b>male</b>	6. COLOR OR RACE <b>white</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>8-7-1905</b>	9. AGE (last birthday) <b>55</b>	IF UNDER 1 YEAR Months <b>0</b> Days <b>4</b> Hours <b></b> Min. <b></b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>retired</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Hotel Operator</b>	11. BIRTHPLACE (City and state or country) <b>Missouri</b>		12. CITIZEN OF WHAT COUNTRY <b>USA</b>
13a. FATHER'S NAME <b>John Holt</b>		13b. MOTHER'S MAIDEN NAME <b>Daisy Eisenhour</b>		14. NAME OF HUSBAND OR WIFE <b>Beulah Holt</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no none</b>		16. SOCIAL SECURITY NO. <b>494-1807377</b>	17. INFORMANT Address <b>Mrs Beulah Holt Forsyth, Mo</b>		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Coronary heart disease -</b>					INTERVAL BETWEEN ONSET AND DEATH <b>2 yrs</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b) <b>Myocardial infarction and Arterio Sclerosis</b>			<b>4 yrs</b>
		DUE TO (c) <b>Congestive Heart Failure</b>			<b>1 mo</b>
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, 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 <b>Jan - 1960</b> to <b>Aug 11 - 60</b> and last saw her/him alive on <b>Aug 11 - 60</b> Death occurred at <b>10:30 a.m.</b> on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <b>Harvey J. Mers M.D.</b>			22b. ADDRESS <b>Forsyth Missouri</b>		22c. DATE SIGNED <b>8-15-60</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>	23b. DATE <b>8-14-60</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Spokane Cemetery</b>		23d. LOCATION (City, town, or county) <b>Spokane, Mo</b>	
24. FUNERAL DIRECTOR <b>Forsyth Funeral Home, Forsyth, Mo</b>			25. DATE RECD. BY LOCAL REG. <b>8/17/60</b>	26. REGISTRAR'S SIGNATURE <b>Beulah Campbell</b>	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

NOV 15 1960

**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 Walter Cobb

Licensed Embalmer No. 473

P. O. Address Birmingham

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