

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-034054

FILED VS SEP 21 1960

STATE FILE NUMBER

Registration District No. 47 Primary Registration District No. 3008 Registrar's No. 256

1. PLACE OF DEATH a. COUNTY <u>Callaway</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MO</u> b. COUNTY <u>Callaway</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Fulton</u>	Length of stay in lb <u>8 yro</u>	c. CITY OR TOWN <u>Fulton</u>	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Madison Place Nursing Home</u>		d. STREET ADDRESS (If outside, give location) <u>408 E 5th Street</u>	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last <u>Harold Shelley Holt</u>			4. DATE OF DEATH Month Day Year <u>Sept. 16 1960</u>			
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>12/23/1869</u>	9. AGE (last birthday) <u>90</u>	IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer & Insurance Business</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Retired</u>		11. BIRTHPLACE (City and state or country) <u>Holtsummit MO</u>		12. CITIZEN OF WHAT COUNTRY <u>USA.</u>
13a. FATHER'S NAME <u>Timothy Holt</u>		13b. MOTHER'S MAIDEN NAME <u>Elizabeth Clotterbuck Stella Holt</u>		14. NAME OF HUSBAND OR WIFE <u>Timothy Holt</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>496-18-5365</u>		17. INFORMANT <u>Mr. G. W. Mathison</u> Address <u>1220 N. Vine Fulton, MO</u>		

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 <u>3 yrs.</u>
IMMEDIATE CAUSE (a)	<u>Coronary Occlusion</u>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	<u>Coronary Sclerosis</u>	
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	21. I attended the deceased from <u>1965</u> to <u>Death</u> and last saw her him alive on <u>9-9-60</u> Death occurred at <u>5:45</u> a.m. on the date stated above, and to the best of my knowledge, from the causes stated.		

22a. SIGNATURE (Degree or Title) <u>John P. Brown M.D.</u>	22b. ADDRESS <u>Fulton, MO</u>	22c. DATE SIGNED <u>9-16-60</u>
23a. BURIAL CEMETERY OR CREMATORY REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>Sept 17-60</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Hopewell Cemetery West of New Bloomfield</u>
23d. LOCATION (City, town, or county), (State) <u>MO</u>	24. FUNERAL DIRECTOR <u>Claypool Service New Bloomfield</u>	25. DATE RECD. BY LOCAL REG. <u>17 Sept 1960</u>
26. REGISTRAR'S SIGNATURE <u>Martha Lawrence</u>		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

AS SEP 21 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 Le Roy Claypool

Licensed Embalmer No. 4412

P. O. Address New Bloom

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.