

MOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-012316

STATE FILE NUMBER

AMENDED

Registration District No. 354 Primary Registration District No. 6197 Registrar's No. 11

FILED APR 11 1961

1. PLACE OF DEATH a. COUNTY Texas		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Texas	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Burdine twp.		Length of stay in lb 65 yrs.	c. CITY OR TOWN Cabool, Burdine twp.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 4 mi. N. Cabool		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Rt. 2
3. NAME OF DECEASED (Type or print) First Middle Last Robert Richard Holden		4. DATE OF DEATH Month Day Year Mar. 31, 1961	
5. SEX male	6. COLOR OR RACE white	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 1-5-1892
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) timer worker		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (last birthday) 69
13a. FATHER'S NAME J. W. Holden		13b. MOTHER'S MAIDEN NAME Sara Palmer	12. CITIZEN OF WHAT COUNTRY USA
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. none	17. INFORMANT Tena Holden, Cabool, 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) Myocardial Infarction DUE TO (b) (Last illness unattended DUE TO (c) by physician)			INTERVAL BETWEEN ONSET AND DEATH 4 hours
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Arterio sclerosis, generalised			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 1947 to 1961 and last saw him alive on January 1961 Death occurred at 3:30 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Signed as title) Garrett Wagoner		22b. ADDRESS Cabool, Mo.	22c. DATE SIGNED 4/3/61
23a. BURIAL, CREMATION, REMOVAL (Specify) burial	23b. DATE 4-4-1961	23c. NAME OF CEMETERY OR CREMATORY Cabool Cemetery	23d. LOCATION (City, town, or county) Cabool, Mo.
24. FUNERAL DIRECTOR Elliott-Gentry, Cabool, Mo.		25. DATE RECD. BY LOCAL REG. 4-5-61	26. REGISTRAR'S SIGNATURE Gaynell Cunningham

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 me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed James L. Gentry

Licensed Embalmer No. 4718

P. O. Address Calbrook, Mo

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.