

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-025756

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

AMENDED

Registration District No. 163 Primary Registration District No. 0396 Registrar's No. 38

FILED JUL 24 1961

1. PLACE OF DEATH
 a. COUNTY JEFFERSON
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN VALLE Length of stay in 1b 1 WEEK
 c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION DE SOTO, Mo. Rt 2. Inside Limits Yes No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
 a. STATE Mo. b. COUNTY JEFFERSON
 c. CITY OR TOWN DE SOTO, Mo Rt #2 Inside Limits Yes No
 d. STREET ADDRESS (If outside, give location) Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First Middle Last
HAROLD HEATON HOLMES

4. DATE OF DEATH Month Day Year
JULY 20, 1961

5. SEX MALE 6. COLOR OR RACE WHITE 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH 7/2/98 9. AGE (last birthday) 63 IF UNDER 1 YEAR Months 0 Days 18 IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RET. POSTAL EMP. 10b. KIND OF BUSINESS OR INDUSTRY POSTAL CLERK 11. BIRTHPLACE (City and state or country) DE SOTO, Mo. Rt #2 12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME JOHN WILLIAM HOLMES 13b. MOTHER'S MAIDEN NAME EMILY HEATON 14. NAME OF HUSBAND OR WIFE HATTIE MAE HOLMES

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No 17. INFORMANT Address HAROLD HOLMES DE SOTO, 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) coronary thrombosis, myocardial infarction INTERVAL BETWEEN ONSET AND DEATH 10-15 min.
 DUE TO (b) arteriosclerosis of coronary arteries 18 months
 DUE TO (c) _____
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Cerebral thrombosis, partial right hemiplegia, Swallow: acute enteritis 98 hours 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 April 1960 to July 20, 1961 and last saw him alive on July 19, 1961
 Death occurred at 8:52 AM on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Thomas A. Donnell M.D. 22b. ADDRESS De Soto, Mo 22c. DATE SIGNED 6-21-61

23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL 23b. DATE 7/23/1961 23c. NAME OF CEMETERY OR CREMATORY WOODLAWN PARK 23d. LOCATION (City, town, or county) (State) BE SOTO, Mo.

24. FUNERAL DIRECTOR ADDRESS DIETRICH F. HOME, DE SOTO, Mo. 25. DATE RECD. BY LOCAL REG. 7-21-1961 26. REGISTRAR'S SIGNATURE Marie Harris

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

SHOULD READ

BY AFFIDAVIT OF

JUL 25 1961

NOV 21 1961

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 Donald Fred Dietrich

Licensed Embalmer No. 5096

P. O. Address: De Soto, 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.