

SOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-041543

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

Registration District No. 267 Primary Registration District No. 4256 Registrar's No. 42

AMENDED

FILED DEC 15 1961

DATE AMENDED

INSTEAD OF

DOCUMENT

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|---|--|--|--|--|---|
| 1. PLACE OF DEATH a. COUNTY <u>Johnson</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Johnson</u> | | | |
| b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN <u>Holden</u> | | Length of stay in 1b <u>50 years</u> | c. CITY OR TOWN <u>Holden</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>Holden Hospital</u> | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | d. STREET ADDRESS (If outside, give location) <u>South Olive Street</u> | | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |

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| 3. NAME OF DECEASED (Type or print) First <u>MALLIE</u> Middle <u>VELMA</u> Last <u>STURGIS</u> | | | 4. DATE OF DEATH Month <u>November</u> Day <u>24</u> Year <u>1961</u> | | |
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| 5. SEX <u>female</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>8/28/1878</u> | 9. AGE (last birthday) <u>83</u> | IF UNDER 1 YEAR Months _____ Days _____ | IF UNDER 24 HR Hours _____ Min. _____ |
|-------------------------|----------------------------------|---|--------------------------------------|-------------------------------------|--|--|

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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>own home</u> | | 11. BIRTHPLACE (City and state or country) <u>Russelville, Ky.</u> | | 12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u> | |
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| 13a. FATHER'S NAME <u>Pleasant B. Bilyeu</u> | | 13b. MOTHER'S MAIDEN NAME <u>Julia Catherine Simmons</u> | | 14. NAME OF HUSBAND OR WIFE <u>XXXX</u> | |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u> <u>XXXX</u> | | 16. SOCIAL SECURITY NO. <u>XXXX</u> | | 17. INFORMANT Address <u>Keith Sturgis, Holden, Missouri.</u> | |
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| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cerebral Hemorrhage</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Hypertensive Cardiovascular disease</u> DUE TO (c) _____ | | INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u> |
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| 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 | | |
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| 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.) | |
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| 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 | |
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| 21. I attended the deceased from <u>November 7, 1961</u> <u>11/24/61</u> and last saw her <u>alive</u> on <u>11/24/1961</u> | | Death occurred at <u>12:40 A</u> m on the date stated above, and to the best of my knowledge, from the causes stated. | |
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| 22a. SIGNATURE (Degree or title) <u>Kelly Rawlins M.D.</u> | | 22b. ADDRESS <u>Holden, Missouri</u> | | 22c. DATE SIGNED <u>11/25/61</u> | |
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| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u> | | 23b. DATE <u>11/25/1961</u> | | 23c. NAME OF CEMETERY OR CREMATORY <u>Holden Cemetery</u> | | 23d. LOCATION (City, town, or county) (State) <u>Holden, Missouri.</u> | | | |
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| 24. FUNERAL DIRECTOR ADDRESS <u>Canaday and Ropp, Holden, Mo.</u> | | 25. DATE RECD. BY LOCAL REG. <u>11-26-61</u> | | 26. REGISTRAR'S SIGNATURE <u>Bernice Ross</u> | | | |
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SHOULD READ

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 W. H. Canaday

Licensed Embalmer No. 3434

P. O. Address Holden, Miss

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.