

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-046424

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **12308**

STATE FILE NUMBER

AMENDED

FILE **JAN 11 1962**

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN <b>St. Louis</b>		c. CITY OR TOWN <b>Pacific</b>	
Length of stay in 1b <b>2 da</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Lutheran</b>		d. STREET ADDRESS (If outside, give location) <b>1 mi w. of Pacific</b>	
Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <b>Mayme</b> Middle <b>-</b> Last <b>Holmes</b>			4. DATE OF DEATH Month <b>12</b> Day <b>28</b> Year <b>61</b>
5. SEX <b>f</b>	6. COLOR OR RACE <b>w</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>Oct 20, 1888</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (last birthday) <b>73</b>
11. BIRTHPLACE (City and state or country) <b>Pacific, Mo.</b>		12. CITIZEN OF WHAT COUNTRY <b>U.S.</b>	
13a. FATHER'S NAME <b>Frank Menginskie</b>		13b. MOTHER'S MAIDEN NAME <b>Helen Hopke</b>	14. NAME OF HUSBAND OR WIFE <b>John Holmes</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>none</b>	17. INFORMANT <b>John Holmes Pacific 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>acute Coronary occlusion</b>			INTERVAL BETWEEN ONSET AND DEATH <b>10 min</b>
DUE TO (b) <b>Congestive Heart Failure</b>			<b>2 Weeks</b>
DUE TO (c) <b>arteriosclerotic Heart Disease</b>			<b>4 Years</b>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>420.0</b>			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" 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 <b>12-7-1953</b> s.m. <b>12-29-61</b> p.m.	20d. 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>12-7-1953</b> to <b>12-29-61</b> and last saw <input checked="" type="checkbox"/> him <input type="checkbox"/> her alive on <b>12-28-61</b>		Death occurred at <b>10:15 P.M.</b> on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE (Degree or title) <b>William W Farley M.D.</b>		22b. ADDRESS <b>3654 So. Grand</b>	22c. DATE SIGNED <b>12-29-61</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Jan 2, 1962</b>	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY <b>St. Bridgets</b>	23d. LOCATION (City, town, or county) (State) <b>Pacific Mo.</b>
24. FUNERAL DIRECTOR <b>Mrs. John L. Thebes Pacific Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>DEC 29 1961</b>	26. REGISTRAR'S SIGNATURE <b>Lead Smith M.D.</b>

JAN 11 1962

**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 Ralph Altman

Licensed Embalmer No. 4808

P. O. Address Union 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.