

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

62-002575

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

Registration District No. 281 Primary Registration District No. 4293 Registrar's No. 6

AMENDED

FILED JAN 25 1962

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
 DATE AMENDED
 INSTEAD OF
 DOCUMENT
 MEDICAL CERTIFICATION
 SHOULD READ
 BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY LINCOLN			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY LINCOLN		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ELSBERRY		Length of stay in 1b		c. CITY OR TOWN ELSBERRY	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 718 N. FOURTH ST.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 718 N. FOURTH ST.	
3. NAME OF DECEASED (Type or print) First WILHELMINA Middle CAROLINA Last HOLLEY			4. DATE OF DEATH Month January Day 23 Year 1962		
5. SEX female	6. COLOR OR RACE white	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 1-17-1879	9. AGE (last birthday) 83	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10b. KIND OF BUSINESS OR INDUSTRY own home		11. BIRTHPLACE (City and state or country) Marthasville, Mo.	
12. CITIZEN OF WHAT COUNTRY USA		13a. FATHER'S NAME Simon Witthaus		13b. MOTHER'S MAIDEN NAME Verona Rush	
14. NAME OF HUSBAND OR WIFE Wm. J. Holley - 1960		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 Buford Holley		Address Elsberry, 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) Cerebral thrombosis					INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____					
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 _____					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" 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 Jan 27, 1955 to Jan 23, 1962 and last saw her alive on Jan 22, 1962 Death occurred at 3:10 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE Robert D. Hull, M.D. (Degree or title)		22b. ADDRESS Clatsop Mo.		22c. DATE SIGNED 1-24-62	
23a. BURIAL, CREMATION, REMOVAL (Specify) Rem. & Burial	23b. DATE Jan. 25, 1962	23c. NAME OF CEMETERY Zion Methodist		23d. LOCATION (City, town, or county) (State) RFD Truxton, Missouri	
24. FUNERAL DIRECTOR O'Garlan Ricks Address Elsberry, Mo.		25. DATE RECD. BY LOCAL REG. 1-24-62		26. REGISTRAR'S SIGNATURE Ray T. Paezel Acting Local Reg. Sec. Mo.	

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 *Charles K. ...*

Licensed Embalmer No. 4012

P. O. Address Elsherry, 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.