

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-007203

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

Registration District No. 209 Primary Registration District No. 3043 Registrar's No. 90

FILED MAR 12 1962

1. PLACE OF DEATH a. COUNTY <u>Marion</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Marion</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Hannibal</u>		c. CITY OR TOWN <u>Hannibal</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>St. Elizabeth Hosp.</u>		d. STREET ADDRESS (If outside, give location) <u>700 Hickory</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First <u>GARRY</u> Middle <u>LYNN</u> Last <u>HOLT</u>			4. DATE OF DEATH Month <u>March</u> Day <u>7</u> Year <u>1962</u>		
---	--	--	--	--	--

5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>Aug. 18, 1961</u>	9. AGE (last birthday) Months <u>6</u> Days <u>9</u>	IF UNDER 1 YEAR Hours <u> </u> Min. <u> </u>	IF UNDER 24 HR.
--------------------	-------------------------------	---	---------------------------------------	---	---	-----------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>xx</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>xx</u>	11. BIRTHPLACE (City and state or country) <u>Portsmouth Virginia</u>	12. CITIZEN OF WHAT COUNTRY <u>USA</u>
---	---	---	--

13a. FATHER'S NAME <u>GARRY S. HOLT</u>	13b. MOTHER'S MAIDEN NAME <u>F. LARRE EMERSON</u>	14. NAME OF HUSBAND OR WIFE <u>XX</u>
---	---	---------------------------------------

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>xx</u>	16. SOCIAL SECURITY NO. <u>xx</u>	17. INFORMANT Address <u>Mrs. Garry Holt Hannibal Mo</u>
--	-----------------------------------	--

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) <u>CARDIORESPIRATORY FAILURE</u>		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <u>MENINGITIS</u>	
DUE TO (c) <u> </u>		

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 <u> </u> s.m. <u> </u> p.m. <u> </u> Month, Day, Year <u> </u>	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 <u>MARCH 6/62</u> to <u>MARCH 7/62</u> and last saw her/him alive on <u>MARCH 7/62</u> Death occurred at <u>6:00 A.</u> m on the date stated above, and to the best of my knowledge, from the causes stated.	
--	--

22a. SIGNATURE (Degree or title) <u>Walter H. G. Latimer, M.D.</u>	22b. ADDRESS <u>154 L BUILDING HANNIBAL (3rd & BRADSHAW)</u>	22c. DATE SIGNED <u>3/7/62</u>
--	--	--------------------------------

23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	23b. DATE <u>3/8/1962</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Restland Memorial Park Dallas Texas</u>	23d. LOCATION (City, town, or county) (State)
--	---------------------------	---	---

24. FUNERAL DIRECTOR ADDRESS <u>Smith's Funeral Home Hannibal Missouri</u>	25. DATE RECD. BY LOCAL REG. <u>March 8, 1962</u>	26. REGISTRAR'S SIGNATURE <u>Dr. E. M. Lucke by Lillean M. Newman</u>
--	---	---

(Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED
AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
INSTEAD OF
ITEM NO. SHOULD READ
BY AFFIDAVIT OF

MEDICAL CERTIFICATION

DOCUMENT

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 *John S. Wans*

Licensed Embalmer No. 4540

P. O. Address Hannibal Missouri

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.