

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-013754

STATE FILE NUMBER

Registration District No. 322 Primary Registration District No. 3071 Registrar's No. 9

FILED MAR 26 1962

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

6971
20971

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

| | | | |
|---|---|---|--|
| 1. PLACE OF DEATH a. COUNTY Saline | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Saline | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Slater, Missouri | | Length of stay in lb 50yrs. | c. CITY OR TOWN Slater Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION At home | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | d. STREET ADDRESS (If outside, give location) 107 S. Porter Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| 3. NAME OF DECEASED (Type or print) William Holt | | | 4. DATE OF DEATH Month 3/ Day 21/62 Year |
| 5. SEX Male | 6. COLOR OR RACE Negro | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH 9/18/94 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) H.R. Laborer | | 10b. KIND OF BUSINESS OR INDUSTRY | 9. AGE (last birthday) 67 IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 24 HR: Hours _____ Min. _____ |
| 11a. BIRTHPLACE (City and state or country) Boone County | | 12. CITIZEN OF WHAT COUNTRY U.S.A. | |
| 13a. FATHER'S NAME Preston Holt | | 13b. MOTHER'S MAIDEN NAME Sallie Holt | 14. NAME OF HUSBAND OR WIFE Georgia Holt |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) | | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address Mrs. Georgia Holt, Slater, Mo. |
| 18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Myocardial Infarction Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.) DUE TO (b) Cronary Insufficiency DUE TO (c) Arteriosclerosis | | | INTERVAL BETWEEN ONSET AND DEATH |
| 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 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. _____ | | 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 Dec. 1960 to March 17-62 and last saw ^{her} him alive on 3-13-62 Death occurred at 5:00 m on the date stated above, and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE <i>J. Nelson</i> (Degree or title) | | 22b. ADDRESS 313 1/2 N Main Slater, Mo | 22c. DATE SIGNED 3-23-62 |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 23b. DATE 3/25/62 | 23c. NAME OF CEMETERY OR CREMATORY Mt. Moriah Cemetery | 23d. LOCATION (City, town, or county) Slater, Missouri |
| 24. FUNERAL DIRECTOR ADDRESS George H. Green, Fulton, Missouri | | 25. DATE RECD. BY LOCAL REG. 3-24-62 | 26. REGISTRAR'S SIGNATURE <i>Mrs. Raymond Brame</i> |

USE BLACK INK OR TYPEWRITER RIBBON

JUN 18 1962
MAY 23 1962

FILED

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 *Garrett Green*

Licensed Embalmer No. 4220

P. O. Address *Dutton Wis*

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.