

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-015998

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 206 Primary Registration District No. 5757 Registrar's No. 44

FILED MAY 7 1962

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY Madison		a. STATE Missouri b. COUNTY Madison	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Saco		Length of stay in 1b 1 year	c. CITY OR TOWN Saco Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Saco, Mo.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) - - - - Reside on Form Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED First Middle Last Emma Ida Holland			4. DATE OF DEATH Month Day Year May 1 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 10-13-78
9. AGE (last birthday) 83		IF UNDER 1 YEAR Months 6 Days 18	IF UNDER 24 HR Hours 18 Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10b. KIND OF BUSINESS OR INDUSTRY None	11. BIRTHPLACE (City and state or country) Doe Run, Mo.
12. CITIZEN OF WHAT COUNTRY U.S.A.		13a. FATHER'S NAME William Brown	
13b. MOTHER'S MAIDEN NAME Sarah Dodson		14. NAME OF HUSBAND OR WIFE Thomas W. Holland	
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 Willard Mc Cutcheon Address Route 2, Fredericktown, Mo.
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) Cerebral Thrombosis			1 Day
DUE TO (b) Generalized Arteriosclerosis.			years.
DUE TO (c)			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Intestinal obstruction			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 _____ 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
21. I attended the deceased from June 18, 1956 to May 1, 1962 and last saw her him alive on May 6, 1962 Death occurred at 9:00 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Charles Michael MD		22b. ADDRESS Fredericktown Missouri	22c. DATE SIGNED May 2 '62
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 5-3-62	23c. NAME OF CEMETERY OR CREMATORY Union Light Cemetery	23d. LOCATION (City, town, or county) (State) Madison County, Mo.
24. FUNERAL DIRECTOR Sam Najim, Jr., Fredericktown, Mo.		25. DATE RECD. BY LOCAL REG. 5-2-1962	26. REGISTRAR'S SIGNATURE Florence Hicks

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

VS 300 Rev. 4/59
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0620
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4 **1**
5 **2**
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7 **0**
8 **2**
9332X
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11
12 **90-0**
13 **1-0**

DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

MAY 8 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 Charles F. Weiss Jr.

Licensed Embalmer No. 5119

P. O. Address 218 E College
Fredericktown MD.

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.