MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-016501
STATE FILE NUMBER

Registration District No. 316 Primary Registration District No. — Registrar's No. 168

DO NOT WRITE ON THIS STUB — AMENDED

VS 300 Rev. 4/59

1 0940
2 0940
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4 1
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12 90-2
13 1-0

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED

BY AFFIDAVIT OF — DOCUMENT

USE BLACK INK OR TYPEWRITER RIBBON

FILED MAY 2 1962

1. PLACE OF DEATH
a. COUNTY: St. Francois
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Bismarck
Length of stay in 1b:
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: 715 Mulberry
Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo
b. COUNTY: St Francois
c. CITY OR TOWN: Bismarck
Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 715 Mulberry
Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First LELA Middle EDNA Last HOLT
4. DATE OF DEATH: Month Apr. Day 26 Year 1962
5. SEX: Female
6. COLOR OR RACE: White
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH: 1/18/1893
9. AGE (last birthday): 69
IF UNDER 1 YEAR: Months Days; IF UNDER 24 HR: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): At home
10b. KIND OF BUSINESS OR INDUSTRY: Housewife
11. BIRTHPLACE (City and state or country): Palestine, Ill
12. CITIZEN OF WHAT COUNTRY: U S A
13a. FATHER'S NAME: Martin Peden
13b. MOTHER'S MAIDEN NAME: Mary ?
14. NAME OF HUSBAND OR WIFE: Franklin Holt
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT: Edna Johnson, Bismarck, Mo (Address)

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Congestive Circulatory Failure — INTERVAL BETWEEN ONSET AND DEATH: immediate
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Decompensated Hypertensive heart disease — years
DUE TO (c): Arteriosclerosis — years
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Diabetes mellitus
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☒ No ☐ Unknown
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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 ☐ NOT WHILE AT WORK ☐
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 April 25,1962, to April 26,1962 and last saw her alive on April 25,1962
Death occurred at 12:35 A. m on the date stated above, and to the best of my knowledge, from the causes stated.
22a. SIGNATURE: M. M. Beck (Degree or title) D.O.
22b. ADDRESS: Bismarck, Missouri
22c. DATE SIGNED: 4/27/62
23a. BURIAL, CREMATION, REMOVAL (Specify): burial
23b. DATE: 4/28/1962
23c. NAME OF CEMETERY OR CREMATORY: I.O.O.F Cemetery
23d. LOCATION (City, town, or county) (State): Bismarck, Mo
24. FUNERAL DIRECTOR: Russel White ADDRESS: White Funeral Home, Bismarck, Mo
25. DATE RECD. BY LOCAL REG.: Apr. 27, 1962
26. REGISTRAR'S SIGNATURE: Esther Rudloff

(Licensed Embalmer's Statement on Reverse Side)

MAY 4 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 Ancil J. White

Licensed Embalmer No. 3012

P. O. Address Boston Mass.

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.