MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-017696
STATE FILE NUMBER

Registration District No. 328 Primary Registration District No. 4485 Registrar's No. 22

FILED APR 17 1962

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

1 1000
2 1000
3 2
4 0
5 2
6
7 1
8 2
9 4200
10
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12 90-0
13 1-0

USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED

BY AFFIDAVIT OF DOCUMENT

1. PLACE OF DEATH
a. COUNTY: Scott
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Illmo
Length of stay in 1b: Since 1927
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): at home
Inside Limits: Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri
b. COUNTY: Scott
c. CITY OR TOWN: Illmo
Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): —
Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: EMERY Middle: ALLEN Last: HOLDER

4. DATE OF DEATH: Month: Apr Day: 3 Year: 1962

5. SEX: Male
6. COLOR OR RACE: White
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH: Feb 2, 1883
9. AGE (last birthday): 79
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): Retired farmer
10b. KIND OF BUSINESS OR INDUSTRY: farming
11. BIRTHPLACE (City and state or country): Union County, Ill.
12. CITIZEN OF WHAT COUNTRY: USA

13a. FATHER'S NAME: Hiram Holder
13b. MOTHER'S MAIDEN NAME: Cindy Butler
14. NAME OF HUSBAND OR WIFE: Rosa Swem Holder (Dec'd)

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.: Unknown
17. INFORMANT: David E. Holder Address: Illmo, Mo

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): Myocardial Infarction
DUE TO (b): Arteriosclerotic Heart Disease
DUE TO (c):
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
INTERVAL BETWEEN ONSET AND DEATH: 5 Min.

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. ☐ 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 7-16-60, to 4-3-62 and last saw her/him alive on 4-3-62
Death occurred at 11:10 AM m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: J Marshall Jung MD (Degree or title)
22b. ADDRESS: Illmo, Mo
22c. DATE SIGNED: 4-8-62

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 4/5/62
23c. NAME OF CEMETERY OR CREMATORY: Lightner Cemetery
23d. LOCATION (City, town, or county) (State): Illmo, Missouri

24. FUNERAL DIRECTOR: BISPLINGHOFF FUNERAL HOME ADDRESS: Illmo, Mo
25. DATE RECD. BY LOCAL REG.: April 11-62
26. REGISTRAR'S SIGNATURE: Mrs Fred Bisplinghoff

(Licensed Embalmer's Statement on Reverse Side)

APR 24 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 Oliver C Amiel

Licensed Embalmer No. 4470

P. O. Address Illmo, 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.