

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-041429

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

Registration District No. 578 Primary Registration District No. 6285 Registrar's No. 54

DO NOT WRITE ON THIS STUB

AMENDED

FILED OCT 29 1962	
1. PLACE OF DEATH	
a. COUNTY <u>Knight</u>	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Norwood</u>	a. STATE <u>Mo</u> b. COUNTY <u>Texas</u>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>none</u>	c. CITY OR TOWN <u>Houston</u> Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
	d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last	
<u>Theodora H. Holland</u>	
4. DATE OF DEATH Month Day Year	
<u>Oct 19 1962</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>Wh</u>
7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>8-4-1890</u>
9. AGE (last birthday) <u>72</u>	IF UNDER 1 YEAR IF UNDER 24 HR
	Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Auctioneer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>—</u>
11. BIRTHPLACE (City and state or country) <u>Mt. Hamill Iowa</u>	12. CITIZEN OF WHAT COUNTRY <u>U. S. A.</u>
13. FATHER'S NAME <u>Theodora Holland</u>	13b. MOTHER'S MAIDEN NAME <u>Mary Ann Smith</u>
14. NAME OF HUSBAND OR WIFE <u>Arva Galpin</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. <u>[redacted]</u>
17. INFORMANT <u>Arva Holland Houston, Mo.</u>	Address
18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:	
IMMEDIATE CAUSE (a) <u>Ventricular Fibrillation</u>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Myocardial Decompensation</u>	
DUE TO (c) <u>1961</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 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 <u>1961</u> to <u>1961</u> and last saw <u>her</u> alive on <u>9-13-62</u>	
Death occurred at <u>3:30 P. m.</u> on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE <u>Newton D. Neufeld, D. O.</u>	22b. ADDRESS <u>Mansfield, Missouri</u>
	22c. DATE SIGNED <u>10-23-62</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>Oct 23-1962</u>
23c. NAME OF CEMETERY OR CREMATORY <u>IOCF Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Bloomfield, Iowa</u>
24. FUNERAL DIRECTOR <u>L. J. Evans</u>	25. DATE RECD. BY LOCAL REG. <u>10-24-1962</u>
ADDRESS <u>Houston, Mo</u>	26. REGISTRAR'S SIGNATURE <u>Bernice Liberman</u>

VS 300 Rev. 4/59
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DATE AMENDED

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AMENDMENTS, ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

NOV 2 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 *Will C. Crum*

Licensed Embalmer No. 4766

P. O. Address *Maple Grove*

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.

NOV 2 1962