

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-000613

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 53 Primary Registration District No. 3010 Registrar's No. 76

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

**FILED FEB 8 1963**

VS 300  
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <u>Cape</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Scott</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Cape Girardeau</u>		Length of stay in 1b <u>5 1/2 Hrs.</u>	c. CITY OR TOWN <u>Chaffee</u>
c. FULL NAME OF (If NOT in hospital, give location) <u>Southeast Mo. Hosp.</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>226 YORKUM</u>
3. NAME OF DECEASED (Type or print) First <u>Clifton</u> Middle <u>Leroy</u> Last <u>Holmes</u>			4. DATE OF DEATH Month <u>Jan.</u> Day <u>29</u> Year <u>1963</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</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>7-18-1884</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>ENGINEER (RET.)</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>DIESEL ENGINES</u>	11. BIRTHPLACE (City and state or country) <u>EAST HARTFORD, Conn.</u>
13a. FATHER'S NAME <u>William S. Holmes</u>		13b. MOTHER'S MAIDEN NAME <u>Mattie DeLavan Brucker</u>	14. NAME OF HUSBAND OR WIFE <u>MARY Elizabeth Holmes</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of) <u>No</u>		16. SOCIAL SECURITY NO. <u>57</u>	17. INFORMANT <u>MRS. Clifton Holmes - 226 Yorkum - Chaffee</u>
18. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Shock</u>			INTERVAL BETWEEN ONSET AND DEATH <u>4 hours</u>
Conditions, if any, which gave rise to above cause (a); stating the underlying cause last. DUE TO (b) <u>Posttraumatic Neurasthenia</u>			<u>2 days</u>
DUE TO (c) <u>Latent Ulcer</u>			<u>years</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 checked="" 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 <u>5:15 AM</u> 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>5:15 AM</u> to <u>5:45 AM</u> and last saw her/him alive on <u>5:45 AM</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>L. Roy Garrison, M.D.</u>		22b. ADDRESS <u>24 NO. SPRIGG ST. CAPE GIRARDEAU, Mo.</u>	22c. DATE SIGNED <u>2/4/63</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	23b. DATE <u>Jan. 31, 1963</u>	23c. NAME OF CEMETERY OR CREMATORY <u>I.O.O.F. Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Charleston Missouri</u>
24. FUNERAL DIRECTOR <u>Bisplinghoff Funeral Home - Chaffee, Mo.</u>	25. DATE RECD. BY LOCAL REG. <u>2-5-1963</u>	26. REGISTRAR'S SIGNATURE <u>Irene Kasten</u>	

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK OR TYPEWRITER RIBBON

FEB 13 1963

MAR 13 1963

**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 Jack T. Burnett

Licensed Embalmer No. 4473

P. O. Address Chaffee, 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.