

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-002933

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 290 Primary Registration District No. _____ Registrar's No. 18

FILED FEB 13 1963

VS 300
Rev. 4/59

1 0850

2 0850

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4 0

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7 0

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9 420.1

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12 90-2

13 1-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <u>PULASKI</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MO</u> b. COUNTY <u>PULASKI</u>	
b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN <u>Richland</u>		c. CITY OR TOWN <u>Richland</u>	
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Residence</u>		d. STREET ADDRESS (if outside, give location)	
3. NAME OF DECEASED (Type or print) First <u>GEORGE</u> Middle <u>A</u> Last <u>Holder</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>Nov 15-1881</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>LABOR</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>COMMERCIAL</u>	11. BIRTHPLACE (City and state or country) <u>Shelby County MO</u>
13a. FATHER'S NAME <u>EE Holder</u>		13b. MOTHER'S MAIDEN NAME <u>SARAH E (UNKNOWN)</u>	14. NAME OF HUSBAND OR WIFE <u>Nettie Holder</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>1071</u>	17. INFORMANT Address <u>Nettie Holder Richland, MO</u>
18. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>CORONARY OCCLUSION</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>ARTERIOSCLEROSIS</u> DUE TO (c) <u>HYPERTENSION</u>			INTERVAL BETWEEN ONSET AND DEATH <u>15 MIN</u> <u>20 YRS.</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 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 <u>MAY 1950</u> to <u>JAN 29, 1963</u> and last saw ^{her} him alive on <u>JAN 20, 1963</u> Death occurred at <u>10:20</u> m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>John A. Mahalovich DO</u>		22b. ADDRESS <u>Richland, Missouri</u>	
22c. DATE SIGNED <u>1-31-1963</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	23b. DATE <u>2-3-1963</u>	23c. NAME OF CEMETERY OR CREMATORY <u>DAK LAWN Cemetery</u>	
23d. LOCATION (City, town, or county) <u>Richland Pulaski MO</u>			
24. FUNERAL DIRECTOR <u>Mass-Williams</u> ADDRESS <u>Richland MO</u>		25. DATE RECD. BY LOCAL REG. <u>2-3-63</u>	
		26. REGISTRAR'S SIGNATURE <u>Outadrae Anderson</u>	

USE BLACK INK OR TYPEWRITER RIBBON

FEB 14 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 Clarence Probst

Licensed Embalmer No. 4896

P. O. Address Waynesville, 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.