MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-036842

STATE FILE NUMBER

Registration District No. 187 Primary Registration District No. 3040 Registrar's No. 212

FILED SEP 23 1963

DO NOT WRITE ON THIS STUB — AMENDED

VS 300 Rev. 4/59

1	0595
2	0590-
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USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS: DATE AMENDED / INSTEAD OF / SHOULD READ / ITEM NO. / BY AFFIDAVIT OF / DOCUMENT

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

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE MO. b. COUNTY LIVINGSTON
c. CITY OR TOWN JACKSON TWP. — Inside Limits: Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location) 10 Mi.N.W.ofChillicothe — Reside on Farm: Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First ANSEL Middle B. Last HOLMAN

4. DATE OF DEATH: Month SEPTEMBER Day 18 Year 1963

5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. Married ☒ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH: 6/23/1876
9. AGE (last birthday): 87 — 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): HOME MAKER
10b. KIND OF BUSINESS OR INDUSTRY: AT HOME
11. BIRTHPLACE (City and state or country): CLAY CITY, KY.
12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: AMBROSE MC MAHILL
13b. MOTHER'S MAIDEN NAME: CLARA HOSKIN
14. NAME OF HUSBAND OR WIFE: ALBERT HOLMAN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of
16. SOCIAL SECURITY NO.
17. INFORMANT: MRS.CLARA SHELBY: Address: CHILLICOTHE, MO.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per ...)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Cerebral Thromboses — INTERVAL BETWEEN ONSET AND DEATH: Two days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Generalized Arteriosclerosis — unknown
DUE TO (c):
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Dehydration + recent malnutrition
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 July 7, 1956, to 9/18/63 and last saw her alive on 9/17/63
Death occurred at 6:50 (6:50) A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): W. L. Fair, Mo
22b. ADDRESS: Chillicothe, Mo.
22c. DATE SIGNED: 9/18/63

23a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
23b. DATE: 9/20/63
23c. NAME OF CEMETERY OR CREMATORY: MT.OLIVE CEMETERY
23d. LOCATION (City, town, or county) (State): LIVINGSTON CO., MISSOURI

24. FUNERAL DIRECTOR ADDRESS: NORMAN FUNERAL HOME: CHILLICOTHE, MO.
25. DATE RECD. BY LOCAL REG.: Sep. 18, 1963
26. REGISTRAR'S SIGNATURE: Annalee Taylor

(Licensed Embalmer's Statement on Reverse Side)

Date Taken to Dr. Fair 9/18/63
Date Rec'd. from Dr. Fair _____/63

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 Elton F. Norman

Licensed Embalmer No. 4036

P. O. Address CHILLICOTHE, MISSOURI

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.