

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

20806

FILED JUL 5 - 1951

REG. DIST. NO. 4333 PRIMARY REG. DIST. NO. 5076 State File No. 4333 Registrar's No. 43

1. PLACE OF DEATH a. COUNTY Moniteau		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE Missouri b. COUNTY Moniteau	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Clarksburg		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Clarksburg	
d. FULL NAME OF HOSPITAL OR INSTITUTION No street numbers		d. STREET ADDRESS (If rural, give location) No street numbers	
3. NAME OF DECEASED (Type or Print) Holbert		4. DATE OF DEATH (Month) (Day) (Year) June, 25, 1951	
5. SEX Male		6. COLOR OR RACE White	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH April, 4th, 1875	
9. AGE (In years last birthday) 76		10. UNDER 1 YEAR Days 1	
11. BIRTHPLACE (State or foreign country) Cooper County, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Thomas Toler		13b. MOTHER'S MAIDEN NAME Jane Ann Vaughn	
14. NAME OF HUSBAND OR WIFE Deceased		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	
16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Theodore Toler, Kansas City, Missouri	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Thrombosis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertension DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21a. ACCIDENT SUICIDE HOMICIDE (Specify)	
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?		22. I hereby certify that I attended the deceased from June 25, 1951 , to June 25, 1951 , that I last saw the deceased alive on June 25, 1951 , and that death occurred 12:30 P.M. , from the causes and on the date stated above.	
23a. SIGNATURE Theodore Toler		23b. ADDRESS Tipton, Mo	
23c. DATE SIGNED 6-26-51		24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
24b. DATE 6/27/51		24c. NAME OF CEMETERY OR CREMATORY Mt. Pleasant Cemetery	
24d. LOCATION (City, town, or county) (State) 5 Mi. North Clarksburg, Mo		25. FUNERAL DIRECTOR'S SIGNATURE Samuel E. Richards	
DATE REC'D BY LOCAL REG. 6-27-51		REGISTRAR'S SIGNATURE H.R. Popenoe	
26. LICENSED EMBALMER'S SIGNATURE Samuel E. Richards		26. ADDRESS Tipton, Mo	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED 7-3-51

DISTRICT HEALTH OFFICE No. 3

District File Number

Date Filed 7-3-51

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, ~~xxx~~ Me

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed

Jewell E. Richards

Licensed Embalmer No. 2466

P. O. Address Tipton, 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 this body is not embalmed, fact should be so stated above.