

**FILED** CERTIFICATE OF DEATH  
SEP 9 1968

Registration District No. 131 Primary Registration District No. 3023 Registrar's No. 206

DO NOT WRITE ON THIS STUB

9. 0  
10a. 68  
10b.  
11. 0  
12. 1  
13. 492x  
14.  
15. 4  
16.  
17.  
18. 2  
19. CREDITS  
20. 1-0

VS 300  
Rev. 1/68

4.0425

5. 90

**DECEASED**

USUAL RESIDENCE WHERE DECEASED LIVED, IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION.

6.0425

**PARENTS**

**CAUSE**

**CERTIFIER**

**BU**

DECEASED—NAME FIRST MIDDLE LAST			SEX	DATE OF DEATH (MONTH, DAY, YEAR)		
1. <u>Arthur Dorcey HOLT</u>			2. <u>Male</u>	3. <u>September 2, 1968</u>		
RACE WHITE, NEGRO, AMERICAN INDIAN, ETC. I SPECIFY		AGE—(LAST BIRTHDAY) YEARS MONTHS DAYS	UNDER 1 DAY HOURS MIN.	DATE OF BIRTH (MONTH, DAY, YEAR)		COUNTY OF DEATH
4. <u>White</u>		5a. <u>68</u>	5b.	6. <u>August 12, 1900</u>		7a. <u>Henry</u>
CITY, TOWN, OR LOCATION OF DEATH			HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)			
7b. <u>Clinton</u>			7c. <u>Yes</u> 7d. <u>205 North 8th Clinton</u>			
STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY)		CITIZEN OF WHAT COUNTRY		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)		SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME)
8. <u>Missouri</u>		9. <u>U.S.A.</u>		10. <u>MARRIED</u>		11. <u>Ruth Holt</u>
SOCIAL SECURITY NUMBER			USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED)		KIND OF BUSINESS OR INDUSTRY	
12. <u>490-05-9274A</u>			13a. <u>Retired Farmer</u>		13b. <u>None</u>	
RESIDENCE—STATE		COUNTY	CITY, TOWN, OR LOCATION		STREET AND NUMBER (SPECIFY YES OR NO)	
14a. <u>Missouri</u>		14b. <u>Henry</u>	14c. <u>Clinton</u>		14d. <u>Yes</u> 14e. <u>205 North 8th</u>	
FATHER—NAME FIRST MIDDLE LAST			MOTHER—MAIDEN NAME FIRST MIDDLE LAST			
15. <u>Thomas Holt</u>			16. <u>Lavina Swindall</u>			
INFORMANT—NAME			MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)			
17a. <u>Ruth Holt</u>			17b. <u>205 North 8th Clinton, MO.</u>			
PART I. DEATH WAS CAUSED BY: [ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)]						APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
18 IMMEDIATE CAUSE						Minutes Years
(a) <u>Acute Myocardial Insufficiency</u>						
(b) <u>Severe Pulmonary Emphysema</u>						
CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (a), STATING THE UNDERLYING CAUSE LAST						
PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a)						AUTOPSY (YES OR NO) 19a. <u>N</u>
ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY)						IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH 19b.
DATE OF INJURY (MONTH, DAY, YEAR)		HOUR	HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 18)			
20a.		20b.	20c.			
INJURY AT WORK (SPECIFY YES OR NO)		PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY)	LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, STATE)			
20a.		20i.	20g.			
CERTIFICATION—PHYSICIAN: I ATTENDED THE DECEASED FROM		MONTH DAY YEAR	TO MONTH DAY YEAR	AND LAST SAW HIM/HER ALIVE ON MONTH DAY YEAR	I DID/DID NOT VIEW THE BODY AFTER DEATH	DEATH OCCURRED AT THE PLACE, ON THE DATE, AND, TO THE BEST OF MY KNOWLEDGE, DUE TO THE CAUSE(S) STATED.
21a.		1 10 68	21b. 9 2 68	21c. 9 2 68	21d. <u>Did</u>	21e. 3:00 P.M.
CERTIFICATION—MEDICAL EXAMINER OR CORONER: ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR THE INVESTIGATION, IN MY OPINION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSE(S) STATED.						HOUR OF DEATH
22a.						22b.
CERTIFIER—NAME (TYPE OR PRINT)			SIGNATURE		DEGREE OF TITLE	DATE SIGNED (MONTH, DAY, YEAR)
23a. <u>Clinton L. Gaspy</u>			23b. <u>Clinton L. Gaspy</u>		23c. <u>MD</u>	23d. <u>9/3/68</u>
MAILING ADDRESS—CERTIFIER			STREET OR R.F.D. NO.		CITY OR TOWN	STATE
23a.			23b. <u>105 S. Ohio</u>		23c. <u>Clinton</u>	23d. <u>MO 64735</u>
BURIAL, CREMATION, REMOVAL (SPECIFY)		CEMETERY OR CREMATORY—NAME		LOCATION CITY OR TOWN STATE		
24a. <u>Burial</u>		24b. <u>Calhoun Cemetery</u>		24c. <u>Calhoun Missouri</u>		
DATE (MONTH, DAY, YEAR)		FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)				
24a. <u>September 4, 1968</u>		25a. <u>R. K. Nichols Chapels Box 428 Clinton, MO.</u>				
FUNERAL DIRECTOR—SIGNATURE		REGISTRAR—SIGNATURE		DATE RECEIVED BY LOCAL REGISTRAR		
25b. <u>G. E. Nichols</u>		26a. <u>Mildred Bigum</u>		26b. <u>Sept. 4, 1968</u>		

Type or print in PERMANENT BLACK INK. See handbook for instructions.

**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 R. E. Nichols Chapel

Licensed Embalmer No. 1997

P. O. Address Clinton, Md

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.

Permit obtained 9-4-68 (171)