

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

State File No. **27964**

FILED SEP 5 1956

BIRTH NO. _____ REG. DIST. NO. **298²⁹⁷** PRIMARY REG. DIST. NO. **6023** Registrar's No. **65**

1. PLACE OF DEATH a. COUNTY Ray		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo b. COUNTY Ray	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural, Knowless Twp		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural, Knowless Twp	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print) a. (First) Alexander b. (Middle) Holder c. (Last) Holder			4. DATE OF DEATH (Month) (Day) (Year) Aug. 23, 1954		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Feb. 25-1875	9. AGE (In years last birthday) 81	UNDER 1 YEAR Days 5 Hours 28 MIN. 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farming		11. BIRTHPLACE (City and State or Foreign Country) 0	

13a. FATHER'S NAME John Holder		13b. MOTHER'S MAIDEN NAME Emily Robinson		14. NAME OF HUSBAND OR WIFE Jane Holder (Deceased)	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. ✓		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs Edna Mayer - Richmond Mo RR3	

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) Pulmonary Edema & Cardiac Failure INTERVAL BETWEEN ONSET AND DEATH 6 wks ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. Aortic Stenosis & Sclerogenesis DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
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19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4211		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) Knaxville Ray Mo.	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		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 _____, 1957, to Aug 23, 1956, that I last saw the deceased alive on July 26, 1956, and that death occurred at _____ p. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Detrus Buchner MD		23b. ADDRESS Lanson Mo.		23c. DATE SIGNED 8/25/56	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE 8-25-1956		24c. NAME OF CEMETERY OR CREMATORY St Pauls Cemetery	
24d. LOCATION (City, town, or county) (State) Knowless Twp Ray Co. Mo		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Alspaugh & Lowley - Palo			
DATE REC'D BY LOCAL REG. Aug 29-1956		REGISTRAR'S SIGNATURE M. A. L. Jackson		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Alspaugh & Lowley - Palo	

(Licensed Embalmers' Statement on Reverse Side)

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

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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
Student Embalmer

Signed _____

Erwin L. Dowdell

Licensed Embalmer No. _____

4924

P. O. Address _____

Polo, 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 this body is not embalmed, fact should be so stated above.