

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34424

State File No. _____

FILED NOV 8 1955

BIRTH NO. _____ REG. DIST. NO. 298 PRIMARY REG. DIST. NO. 6023 Registrar's No. 21

1. PLACE OF DEATH a. COUNTY <u>Ray</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Ray</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Knoxville Mo</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural</u>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) <u>Knoxville Township</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Jennie</u>	b. (Middle) <u>Holder</u>	c. (Last) <u>Holder</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>10 - 6 - 1955</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Feb. 15 - 1878</u>	9. AGE (In years last birthday) <u>77</u>	10. UNDER 1 YEAR Days <u>7</u>	11. UNDER 1 MRS. Hours <u>21</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Housewife</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Miracle Mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>Mo</u>
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13a. FATHER'S NAME <u>Richard Winscott</u>	13b. MOTHER'S MAIDEN NAME <u>Elizabeth Craig</u>	14. NAME OF HUSBAND OR WIFE <u>Albaster Holder</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. <u>✓</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Edna Meyer</u>	ADDRESS <u>Richmond Mo</u>
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>2 wks.</u> <u>10 yrs</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Congestive Heart Failure</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <u>Chronic Cardiac and Vascular Disease</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>442X</u>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) <u>Knoxville Caldwell Mo</u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	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 May, 1952, to 10/6, 1955, that I last saw the deceased alive on 10/5, 1955, and that death occurred at _____ m., from the causes and on the date stated above.

22a. SIGNATURE (Degree or title) <u>Olatus Buehner MD</u>	23b. ADDRESS <u>Jackson Mo</u>	23c. DATE SIGNED <u>10/10/55</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>10-8-55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Vanhook Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>4 mi East of Knoxville Mo</u>
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DATE REC'D BY LOCAL REG. <u>Oct 25 - 1955</u>	REGISTRAR'S SIGNATURE <u>Malcol Jackson</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Alspaugh & Coivley</u>	ADDRESS <u>Polo Mo</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10.48

-56

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 R. Howland

Licensed Embalmer No. ~~2457~~ 492

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.