

FILED JUL 5 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH'57 0 2 3 2 3 3
STATE FILE NUMBERRegistration District No. 334 Primary Registration District No. 6171 Registrar's No. 440

1. PLACE OF DEATH a. COUNTY <u>Shannon</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Shannon</u>									
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Rt. 2, Birch Tree</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN <u>Birch Tree</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>							
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>residence</u>			Length of stay in 1b <u>years</u>		d. STREET ADDRESS <u>Route 2</u>		(If outside, give location) Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>						
3. NAME OF DECEASED (Type or print) <u>Samuel Jack Holden</u> <small>First Middle Last</small>				4. DATE OF DEATH <u>June 20, 1957</u> <small>Month Day Year</small>									
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>Jan 1, 1870</u>		9. AGE (In years last birthday) <u>87</u>		IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HRS.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>		11. BIRTHPLACE (City and state or country) <u>Mountain View, Mo.</u>			12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>					
13. FATHER'S NAME <u>Wesley Holden</u>						14. MOTHER'S MAIDEN NAME <u>Mary Ann Evans</u>							
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>				16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT <u>Charley Holden, Rt 2, Birch Tree Mo</u> <small>Address</small>							
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Congestive of both feet</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Arterial Sclerosis</u> DUE TO (c) <u>Diabetes</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)										INTERVAL BETWEEN ONSET AND DEATH			
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)										
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.													
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			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 <u>May 20</u> to <u>June 20, 1957</u> and last saw <u>him</u> alive on <u>June 20, 1957</u> Death occurred at <u>1:30 p.m.</u> on the date stated above; and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE <u>Stanley Bassett D.D.</u> <small>(Degree or title)</small>						22b. ADDRESS <u>Mountain View, Mo</u>		22c. DATE SIGNED <u>6-24-57</u>					
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE <u>June 21, '57</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Chapel Hill</u>			23d. LOCATION (City, town, or county) (State) <u>Mountain View, Missouri</u>						
24. FUNERAL DIRECTOR <u>Duncan Funeral Home Mtn View, Mo.</u> ADDRESS				25. DATE RECD. BY LOCAL REG. <u>July 5, 1957</u>		26. REGISTRAR'S SIGNATURE <u>Mabel Goetz</u>							

(Licensed Embalmer's Statement on Reverse Side)

Diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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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.....
Signature of Student Embalmer

Signed *Joel R. Lunsford*

Licensed Embalmer No. 43

P. O. Address *Mtn. View*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. 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.