

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

4116  
State File No. \_\_\_\_\_

124  
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FEB FEB 29 1952

BIRTH NO. _____		REG. DIST. NO. <u>42</u>		PRIMARY REG. DIST. NO. <u>3007</u>		Registrar's No. <u>75</u>	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).			
a. COUNTY <b>Butler</b>		b. CITY, (If outside corporate limits, write RURAL and give township) OR TOWN <b>Poplar Bluff, Mo.</b>		a. STATE <b>Mo.</b>		b. COUNTY <b>Carter</b>	
c. LENGTH OF STAY (In this place) <b>1 week</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Grandin</b>		d. STREET ADDRESS <b>1</b>		0180	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Doctors Hospital</b>				d. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH				
a. (First) <b>Charles E.</b>		b. (Middle) <b>Holland</b>		c. (Last)		5. (Month) (Day) (Year) <b>2-18-1952</b>	
5. SEX <b>male</b>		6. COLOR OR RACE <b>white</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>		8. DATE OF BIRTH <b>5-27-1887</b>	
9. AGE (In years last birthday) <b>64</b>		IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Merchant</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>Merchant</b>			11. BIRTHPLACE (State or foreign country) <b>Mo.</b>	
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>							
13a. FATHER'S NAME <b>Meredith Holland</b>			13b. MOTHER'S MAIDEN NAME <b>Eleanor Boring</b>			14. NAME OF HUSBAND OR WIFE <b>Edith E. Holland</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>489-18-6901</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Edith Holland Grandin, Mo.</b>			
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					INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Pulmonary infarction, right</b>		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Phlebotrombosis</b>					3 days
DUE TO (c)		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Pneumonitis 466X</b>					Under terminal 1 week
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 OF INJURY (Month) (Day) (Year) (Hour) (m.)		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 <u>1-18-</u> , 19 <u>52</u> , to <u>2-18-</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>2-18-</u> , 19 <u>52</u> , and that death occurred at <u>12:10 P.M.</u> from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <b>Robert Craig Charles</b>				23b. ADDRESS <b>Poplar Bluff, Mo.</b>		23c. DATE SIGNED <b>2/19/52</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>2-20-1952</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Grandin Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Grandin, Mo.</b>	
DATE REC'D BY LOCAL REG. <b>Feb. 19/1952</b>		REGISTRAR'S SIGNATURE <b>Wm. H. Johnson</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Black-Edwards Funeral Home</b>		ADDRESS <b>Doniphan, Mo.</b>	

RECEIVED  
FEB 26 1952  
BUTLER CO. HEALTH CENTER  
FILE No. 252-93

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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 \_\_\_\_\_

Licensed Embalmer No. 4752

P. O. Address \_\_\_\_\_

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.