

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

36259

State File No.

FILED NOV 15 1954

BIRTH NO. _____		REG. DIST. NO. <u>525</u>		PRIMARY REG. DIST. NO. <u>4822</u>		Registrar's No.	
1. PLACE OF DEATH a. COUNTY <u>Janey</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Stone</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Branson</u>		c. LENGTH OF STAY (In this place) <u>2 wks</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Reeds</u> <u>Ruth</u> <u>1040</u>		d. STREET ADDRESS (If rural, give location) <u>Reeds Spring</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Skaggs Hospital</u>				d. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Wainy</u> b. (Middle) _____ c. (Last) <u>Holt</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Nov 4 - 1954</u>				
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Feb 14 - 1890</u>		9. AGE (In years) (Months) (Days) (Hours) (Mins.) <u>74</u> <u>8</u> <u>20</u>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House Keeper</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>John E. Eisenhour</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown</u>		14. NAME OF HUSBAND OR WIFE <u>Johnny Holt</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>John Holt</u>		ADDRESS <u>Galena mo</u>			
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) <u>popliteal embolus - left leg</u> ANTECEDENT CAUSES DUE TO (b) <u>Arteriosclerosis</u> DUE TO (c) <u>Arteriosclerotic Heart Disease</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH <u>5 days</u> <u>Unknown</u> <u>10 yrs.</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		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) <u>4200</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 <u>Sept 6, 1953</u> to <u>Nov 4, 1954</u> that I last saw the deceased alive on <u>11/3</u> , 19 <u>54</u> , and that death occurred at <u>3 1/2</u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>W.C. Wagner, M.D.</u>				23b. ADDRESS <u>Branson, mo</u>		23c. DATE SIGNED <u>11/8/54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	24b. DATE <u>11/13/54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Eisenhour</u>		24d. LOCATION (City, town, or county) (State) <u>Christian Co. Missouri</u>			
DATE REC'D BY LOCAL REG. <u>11-10 54</u>		REGISTRAR'S SIGNATURE <u>J.E. Cogswell</u> <u>376</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>George H. Moulton Crane Mo</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

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, ~~only~~ _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed George H. Manbre

Licensed Embalmer No. 3827

P. O. Address cran 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.