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THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED AUG 8 - 1955

21171

State File No. ....

BIRTH NO. 6696-55 REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 781

1. PLACE OF DEATH a. COUNTY <u>Buchanan</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Buchanan</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u> <u>3</u>		c. CITY OR TOWN <u>Easton</u>	
c. LENGTH OF STAY (in this place) <u>D.O.A.</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>General Osteopathic Hosp.</u>		e. STREET ADDRESS (If rural, give location) <u>R. R. # 2</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>DIANA</u> b. (Middle) <u>KAYE</u> c. (Last) <u>HOLMES</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>July 28, 1955</u>		
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>	
8. DATE OF BIRTH <u>Feb. 23, 1955</u>		9. AGE (In years last birthday) <u>5</u>		10. IF UNDER 1 YEAR <u>5</u> MONTHS <u>5</u> DAYS	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Infant</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>St. Joseph, Mo.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>Samuel D. Holmes</u>		13b. MOTHER'S MAIDEN NAME <u>Mary B. Speers</u>	
14. NAME OF HUSBAND OR WIFE <u>None</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>Mr. Samuel Holmes, Easton, Mo.</u>		18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <u>Medical Certification</u>		19. INTERVAL BETWEEN ONSET AND DEATH <u>1 day</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>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mr. Samuel Holmes, Easton, Mo.</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <u>Medical Certification</u>		19. INTERVAL BETWEEN ONSET AND DEATH <u>1 day</u>		20. AUTOPSY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <u>Medical Certification</u>		19. INTERVAL BETWEEN ONSET AND DEATH <u>1 day</u>		20. AUTOPSY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Suffocation</u>		DUE TO (b) <u>Baby was found suspended between the bed mattress and bed room wall, in the home. She was dead on arrival at the Hospital.</u>		DUE TO (c) <u>9240</u>	
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		II. OTHER-SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		21. ACCIDENT SUICIDE HOMICIDE (Specify) <u>accident</u>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Home</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Easton Buchanan Mo</u>	
21d. TIME OF INJURY <u>July 28 - 1955 12:12 P.M.</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Caught between bed and wall</u>	

22. I hereby certify that I examined the deceased from on 7/28, 1955, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at 1100 P. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>H. F. Mundy (Coroner) M.D.</u>		23b. ADDRESS <u>St. Joseph Mo</u>		23c. DATE SIGNED <u>7/28/55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>July 30/55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Memorial Park Ceme--</u>	
24d. LOCATION (City, town, or county) (State) <u>St. Joseph Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>485- Esther M. Allison</u>		ADDRESS <u>Barry Funeral Home, St. Joseph Mo</u>	
DATE REC'D BY LOCAL REG. <u>Aug 4, 1955</u>		REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR'S SIGNATURE	

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.....  
Signature of Student Embalmer

Signed *Will J. Blaney*.....

Licensed Embalmer No. *467*

P. O. Address *57 1st St*

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.