

FILED APR 11 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

9510

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 155 PRIMARY REG. DIST. NO. 3127 Registrar's No. 60

|   |  |  |   |
|---|--|--|---|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Jasper</u>  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <u>Missouri</u> b. COUNTY <u>Jasper</u> |   |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Webb City</u> |  | c. CITY OR TOWN <u>rural</u>   | d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| c. LENGTH OF STAY (In this place) <u>2 Hrs.</u>   |  | e. STREET ADDRESS (If rural, give location) <u>Rt. 2, Carthage, Missouri</u>   |   |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Jane Chinn Hospital</u>                            |  |  |   |

|                                     |                         |                      |                         |  |
|-------------------------------------|-------------------------|----------------------|-------------------------|--|
| 3. NAME OF DECEASED (Type or Print) | a. (First) <u>Hiram</u> | b. (Middle) <u>M</u> | c. (Last) <u>Holmes</u> | 4. DATE OF DEATH (Month) (Day) (Year) <u>April 1, 1956</u> |
|-------------------------------------|-------------------------|----------------------|-------------------------|--|

|                    |                               |   |                                       |   |   |   |
|--------------------|-------------------------------|---|---------------------------------------|---|---|---|
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u> | 8. DATE OF BIRTH <u>Feb. 28, 1880</u> | 9. AGE (In years last birthday) <u>76</u> | IF UNDER 1 YEAR Months <u>1</u> Days <u>3</u> | IF UNDER 24 HRS. Hours <u></u> Min. <u></u> |
|--------------------|-------------------------------|---|---------------------------------------|---|---|---|

|   |                                   |  |   |
|---|-----------------------------------|--|---|
| 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 | 11. BIRTHPLACE (City and State or Foreign Country) <u>Hollisboro, Ill.</u> | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> |
|---|-----------------------------------|--|---|

|   |                           |   |
|---|---------------------------|---|
| 13a. FATHER'S NAME <u>Morrell D. Holmes</u> | 13b. MOTHER'S MAIDEN NAME | 14. NAME OF HUSBAND OR WIFE <u>Katherine Holmes</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. | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Katherine Holmes, Rt 2, Carthage, Mo.</u> |
|--|-------------------------|--|

|   |   |  |  |
|---|---|--|--|
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*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<br><u>Few hours</u> |
|   | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Coronary Occlusion</u>  |  |  |
|   | ANTECEDENT CAUSES<br>Morbid conditions, if any, giving DUE TO (b) <u>arteriosclerosis</u><br>rise to the above cause (a) stating the underlying cause last.<br><br>DUE TO (c) |  |  |
| II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.   |   |  |  |

|                        |                                  |  |
|------------------------|----------------------------------|--|
| 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) |
|--|--|---|

|  |  |                            |
|--|--|----------------------------|
| 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 4-1, 1956, to 4-1, 1956, that I last saw the deceased alive on 4-1, 1956, and that death occurred at 9:00A m., from the causes and on the date stated above.

|  |                                    |                                |
|--|------------------------------------|--------------------------------|
| 23a. SIGNATURE (Degree or title) <u>H. D. Berry</u> D.O. | 23b. ADDRESS <u>Webb City, Mo.</u> | 23c. DATE SIGNED <u>4-2-56</u> |
|--|------------------------------------|--------------------------------|

|   |                         |   |  |
|---|-------------------------|---|--|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>4-8-56</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Park Cemetery</u> | 24d. LOCATION (City, town, or county) (State) <u>Carthage, Mo.</u> |
|---|-------------------------|---|--|

|  |  |  |
|--|--|--|
| DATE REC'D BY LOCAL REG. <u>4-3-56</u> | REGISTRAR'S SIGNATURE <u>Mrs. Madeline Switzer</u> | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Johnston-Arnce-Simpson, Webb City, Mo.</u> |
|--|--|--|

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

474

RECEIVED APR 9 1956  
Jasper County Health Office  
County File Number 5-11-304  
Date Filed APR 9 1956

OCT 9 1956

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 Harvey E. Orndorff  
Licensed Embalmer No. 446  
P. O. Address W.H. City, S

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.