

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

=63-018771

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 338 Primary Registration District No. 6148 Registrar's No. 12

FILED MAY 9 1963

VS 300
Rev. 4/59

1 1030

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12 90-0

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY Stoddard		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Stoddard	
b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN Castor Twp.		Length of stay in lb 12 years	c. CITY OR TOWN Bloomfield Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Bloomfield, Mo. R. 3		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Rfd. 3 Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED. (Type or print) Lee Roy Holford			4. DATE OF DEATH Month April Day 30 Year 1963
5. SEX male	6. COLOR OR RACE white	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 4-8-1902
9. AGE (last birthday) 61		IF UNDER 1 YEAR Months Days	IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer (retired)		10b. KIND OF BUSINESS OR INDUSTRY Farming	11. BIRTHPLACE (City and state or country) Tuckerman, Ark.
12. CITIZEN OF WHAT COUNTRY U.S.A.		13a. FATHER'S NAME John Holford	
13b. MOTHER'S MAIDEN NAME unknown		14. NAME OF HUSBAND OR WIFE Beulah Holford	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of) no <input checked="" type="checkbox"/>		17. INFORMANT Address Beulah Holford Bloomfield, Mo. R. 3	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Intestinal obstruction DUE TO (b) Carcinoma of stomach DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			INTERVAL BETWEEN ONSET AND DEATH 2 days unknown
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			PART III: If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>	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 _____ s.m. _____ p.m. _____ Month, Day, Year _____			
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>3-1-63</u> to <u>April 30, 1963</u> and last saw him ^{her} alive on <u>April 30, 1963</u> Death occurred at <u>4:00 p.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>Ralph Rehn, M.D.</i> (Degree or title)		22b. ADDRESS Bloomfield, Mo.	22c. DATE SIGNED 5-3-63 (State)
23a. BURIAL CREMATION, REMOVAL (Specify) burial	23b. DATE 5-2-63	23c. NAME OF CEMETERY OR CREMATORY Walker Cemetery	23d. LOCATION (City, town, or county). Bloomfield, Mo. R. 3 (State)
24. FUNERAL DIRECTOR Watkins & Sons ADDRESS Dexter, Mo.		25. DATE RECD. BY LOCAL REG. 5-3-63	26. REGISTRAR'S SIGNATURE <i>W. S. Leggett</i>

USE BLACK INK
OR
TYPEWRITER RIBBON

MAY 13 1963

Address

Address

Bloomfield

12 years

Carter, J.P.

x

10.3

Bloomfield, N.J. 3

April 20, 1963

Holtz

Ray

Lee

01

4-8-1962

x

White

Male

10.3

Tuckerman, N.Y.

Raymond

Raymond (Raymond)

Holtz

Raymond

John Holtz

Bloomfield, N.J.

x x x x x x x

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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 Mark Wathen

Licensed Embalmer No. 4717

P.O. Address Duffin

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.

NO. 1000

NO. 1000