

CERTIFICATE OF DEATH

Registration District No. 137 Primary Registration District No. 3023 Registrar's No. 139

DO NOT WRITE ON THIS STUB

9. 1

10a. 49

10b.

11. 0

12. 1

13. 582X

14.

15. 4

16.

17.

18. 2

19. CREDITS

20. 1-0

VS 300  
Rev. 1/68

4. 0425

5. 2

DECEASED

USUAL RESIDENCE WHERE DECEASED LIVED, IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION.

PARENTS

CAUSE

CERTIFIER

BURIAL

DECEASED—NAME FIRST MIDDLE LAST <b>EDITH EILEEN HOLOBAUGH</b>			SEX <b>Female</b>	DATE OF DEATH (MONTH, DAY, YEAR) <b>June 3, 1968</b>		
RACE WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY) <b>White</b>		AGE—LAST BIRTHDAY (YEARS) <b>49</b>	UNDER 1 YEAR MOS. DAYS	UNDER 1 DAY HOURS MIN.	DATE OF BIRTH (MONTH, DAY, YEAR) <b>Dec. 22, 1918</b>	
CITY, TOWN, OR LOCATION OF DEATH <b>Clinton</b>			HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) <b>Wetzel Hospital</b>			
STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY) <b>Missouri</b>		CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) <b>Married</b>		SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME) <b>Ralph W. Holobaugh</b>
SOCIAL SECURITY NUMBER <b>None</b>		USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED) <b>None</b>		KIND OF BUSINESS OR INDUSTRY <b>None</b>		
RESIDENCE—STATE <b>Missouri</b>		COUNTY <b>Henry</b>	CITY, TOWN, OR LOCATION <b>Clinton</b>		INSIDE CITY LIMITS (SPECIFY IF NO) <b>Yes</b>	STREET AND NUMBER <b>606 E. Ohio St</b>
FATHER—NAME FIRST MIDDLE LAST <b>Albert Garrison</b>			MOTHER—MAIDEN NAME FIRST MIDDLE LAST <b>Laura Bell Coleman</b>			
INFORMANT—NAME <b>Ralph W. Holobaugh</b>			MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) <b>606 E. Ohio St., Clinton, Mo. 64735</b>			
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE			[ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)]			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
(a) <b>Toxemia (Uremia)</b> DUE TO, OR AS A CONSEQUENCE OF:						
(b) <b>Chronic glomerulonephritis</b> DUE TO, OR AS A CONSEQUENCE OF:						
(c)						
CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (a), STATING THE UNDERLYING CAUSE LAST						
PART II. OTHER SIGNIFICANT CONDITIONS; CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a)					AUTOPSY (YES OR NO) <b>NO</b>	IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH <b>NO</b>
ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY)		DATE OF INJURY (MONTH, DAY, YEAR)	HOUR	HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 18)		
INJURY AT WORK (SPECIFY YES OR NO)		PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY)	LOCATION	(STREET OR R.F.D. NO., CITY OR TOWN, STATE)		
CERTIFICATION—PHYSICIAN: I ATTENDED THE DECEASED FROM	MONTH DAY YEAR TO	MONTH DAY YEAR	AND LAST SAW HIM/HER ALIVE ON	I DID/DID NOT VIEW THE BODY AFTER DEATH.	DEATH OCCURRED AT THE PLACE, ON THE DATE, AND, TO THE BEST OF MY KNOWLEDGE, DUE TO THE CAUSE(S) STATED.	
<b>5 15 1968</b>	<b>June 3, 1968</b>	<b>6 3 1968</b>	<b>yes</b>	<b>yes</b>	<b>1:15 PM</b>	
CERTIFICATION—MEDICAL EXAMINER OR CORONER: ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR THE INVESTIGATION, IN MY OPINION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSE(S) STATED.			THE DECEASED WAS PRONOUNCED DEAD			
CERTIFIER—NAME (TYPE OF PRINT) <b>R. E. Harbaugh</b>			SIGNATURE <b>R. E. Harbaugh, D.O.</b>		DATE SIGNED (MONTH, DAY, YEAR) <b>6-4-68</b>	
MAILING ADDRESS—CERTIFIER <b>105 E. Ohio</b>			CITY OR TOWN <b>Clinton</b>		STATE <b>Mo.</b>	ZIP <b>64735</b>
BURIAL, CREMATION, REMOVAL (SPECIFY) <b>Burial</b>		CEMETERY OR CREMATORY—NAME <b>Parker Cemetery</b>		LOCATION CITY OR TOWN STATE <b>Cass County, Missouri</b>		
DATE (MONTH, DAY, YEAR) <b>Jun 6, 1968</b>		FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) <b>Consalus 209 S. 2d St. Clinton, Missouri 64735</b>				
FUNERAL DIRECTOR'S SIGNATURE <b>C. R. Consalus</b>		REGISTRAR'S SIGNATURE <b>Mildred Bigum</b>		DATE RECEIVED BY LOCAL REGISTRAR <b>June 5, 1968</b>		

Type or print in PERMANENT BLACK INK. See handbook for instructions.

Name of Deceased: Albert W. Holbrook  
 Date of Death: June 3, 1935  
 Place of Death: Clinton, Missouri  
 Age at Death: 50  
 Sex: Male  
 Race: White  
 Occupation: Farmer  
 Cause of Death: Heart Disease  
 Burial Place: Clinton, Missouri  
 Name of Undertaker: Henry Clinton  
 Name of Embalmer: Laura Bell Coleman  
 Address of Embalmer: Clinton, Mo. 64503

**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 \_\_\_\_\_ Signed Eugene R. Coleman  
Signature of Student Embalmer  
 Licensed Embalmer No. 4684  
 P. O. Address Clinton, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
 If this body is not embalmed, fact should be so stated above.

J. S. ...  
 10-5-08  
 W. B. ...