

Dr. D. Holmes
MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

0026608

STATE FILE NUMBER

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 1283

DO NOT WRITE ON THIS STUB

AMENDED

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 Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

JL FILED 20 64
 a. COUNTY GREENE

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN **SPRINGFIELD**
 Length of stay in 1b **82 YRS.**
 c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION **ST. JOHN'S HOSP.**
 Inside Limits Yes No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
 a. STATE **MISSOURI** b. COUNTY **GREENE**
 c. CITY OR TOWN **SPRINGFIELD** Inside Limits Yes No
 d. STREET ADDRESS (If outside, give location) **1531 E. WALNUT** Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First Middle Last 4. DATE OF DEATH Month Day Year
MARTHA O'DAY **JULY 10 1964**

5. SEX **FEMALE** 6. COLOR OR RACE **WHITE** 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH **1/18/82** 9. AGE (last birthday) **82**
 IF UNDER 1 YEAR IF UNDER 24 HR
 Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **HOME** 10b. KIND OF BUSINESS OR INDUSTRY **GREENE COUNTY, MO.** 11. BIRTHPLACE (City and state or country) **U.S.A.** 12. CITIZEN OF WHAT COUNTRY **U.S.A.**

13a. FATHER'S NAME **WILLIAM PATTERSON** 13b. MOTHER'S MAIDEN NAME **MARTHA DORAN** 14. NAME OF HUSBAND OR WIFE **JOHN O'DAY (DEC.)**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) **NO** 16. SOCIAL SECURITY NO. **NO** 17. INFORMANT Address **ELEANOR O'DAY SPRINGFIELD, MO.**

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
 PART I. DEATH WAS CAUSED BY:
 IMMEDIATE CAUSE (a) **Draination**
 DUE TO (b) **Generalized arteriosclerosis**
 DUE TO (c) _____
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) **Salmonellosis, Type B. - 5/29/64**
 PART III. If deceased was female was there a pregnancy in last 90 days. Yes No Unknown
 INTERVAL BETWEEN ONSET AND DEATH **1 month.**
24 months.

19. WAS AUTOPSY PERFORMED? YES NO 20a. ACCIDENT SUICIDE HOMICIDE 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) _____

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year _____

20d. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 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 **5-29-64** to **7-10-64** and last saw her alive on **7-9-64**
 Death occurred at **2:40 A.M.** m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) **Daniel E. Holmes MD.** 22b. ADDRESS **600 S. Glenstone Springfield 16 July 64** 22c. DATE SIGNED

23a. BURIAL, CREMATION, REMOVAL (Specify) **BURIAL** 23b. DATE **7/13/64** 23c. NAME OF CEMETERY OR CREMATORY **HAZELWOOD** 23d. LOCATION (City, town, or county) (State) **SPRINGFIELD, MO.**

24. FUNERAL DIRECTOR ADDRESS **H.H. LOHMEYER FUNERAL HOME SPRINGFIELD, MO.** 25. DATE RECD. BY LOCAL REG. **7-17-64** 26. REGISTRAR'S SIGNATURE **Dennis Bradley**

USE BLACK INK OR TYPEWRITER RIBBON

AUG 31 1966

AUG 12 1964

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 Walt E Hamelle

Licensed Embalmer No. 3808

P. O. Address Greenville, Me

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.