

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-022615

STATE FILE NUMBER

FILED JUL 7 1959 Registration District No. 316 Primary Registration District No. Registrar's No. 255

1. PLACE OF DEATH a. COUNTY St. Francois		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) STATE Missouri COUNTY St. Francois	
b. CITY (If outside corporate limits, give TOWNSHIP, only) OR TOWN Farmington-Rural		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN Bonne Terre, Mo.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Thomas Dell Home		Length of stay in lb 8 Months	d. STREET ADDRESS (If outside, give location) Desoto Rd
3. NAME OF DECEASED (Type or print) First Margret Middle Ella Last Holdman		4. DATE OF DEATH Month June Day 28 Year 1959	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Oct 27, 1875
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		9b. KIND OF BUSINESS OR INDUSTRY	9c. AGE (In years last birthday) 83
10a. FATHER'S NAME William Jones		10b. BIRTHPLACE (City and state or country) Bonne Terre, Mo.	
11. FATHER'S NAME William Jones		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME William Jones		14. MOTHER'S MAIDEN NAME Mary Jane Roberts	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) No		16. SOCIAL SECURITY NO. None	
17. INFORMANT Harold Holdman, Bonne Terre, 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) Arteriosclerotic heart disease Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Generalized arteriosclerosis DUE TO (c) Diabetes Mellitus	
19. INTERVAL BETWEEN ONSET AND DEATH 5 yrs.		19. WAS AUTOPSY PERFORMED? 260X YES <input type="checkbox"/> NO <input checked="" 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 7.45 Month, Day, Year 7-45 A		20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20f. CITY, TOWN, OR LOCATION Bonne Terre, Mo.	
21. I attended the deceased from 11-29-58 to 6-28-59 and last saw her alive on 6-24-59 Death occurred at 7.45 A on the date stated above; and to the best of my knowledge, from the causes stated.		22a. SIGNATURE C. E. Carleton M.D.	
22b. ADDRESS Farmington Mo		22c. DATE SIGNED 6-30-59	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 6-30-59	23c. NAME OF CEMETERY OR CREMATORY Primrose Cemetery	23d. LOCATION (City, town, or county) (State) Bonne Terre, Mo. RR # 1
24. FUNERAL DIRECTOR Sparks Funeral Home, Bonne Terre, MO.		25. DATE RECD. BY LOCAL REG. June 30, 1959	
26. REGISTRAR'S SIGNATURE Ether Rudloff			

(Licensed Embalmer's Statement on Reverse Side)

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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE. Coroner cannot certify to a death due to natural causes.

MEDICAL CERTIFICATION

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 *Everett Sparks*

Licensed Embalmer No. *742*

P. O. Address *Bonnie*

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.