

FILED NOV 30 1953

STANDARD CERTIFICATE OF DEATH

State File No. 40117

BIRTH NO. 124		REG. DIST. NO. 316		PRIMARY REG. DIST. NO. 6075		Registrar's No. 400		
1. PLACE OF DEATH a. COUNTY <u>ST. FRANCIS</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>ST. FRANCIS</u>				
b. CITY (If outside corporate limits, write RURAL and give town) <u>Rural-St. Francois Twp.</u>		c. LENGTH OF STAY (in this place) <u>FARMINGTON</u>		c. CITY OR TOWN <u>RFD. # 2</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>OSTEOPATHIC Hosp. Mo.</u>				e. STREET ADDRESS (If rural, give location) <u>Bonne Terre 0940</u>				
3. NAME OF DECEASED a. (First) <u>WILLIAM</u>			b. (Middle) <u>JERETHA</u>		c. (Last) <u>HOLDMAN</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>NOV. 20 1953</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>Sept. 2 - 1873</u>		9. AGE (In years last birthday) <u>79</u>	IF UNDER 1 YEAR Months <u>2</u> Days <u>18</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>MINER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>RETIRED</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>VALLES MINES, MO</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
13a. FATHER'S NAME <u>WM JERETHA HOLDMAN</u>			13b. MOTHER'S MAIDEN NAME <u>EMALINE HAMMACK</u>		14. NAME OF HUSBAND OR WIFE <u>ROSELLA HOLDMAN</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>494-05-0542</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Bernell Holdman, Bonne Terre, Mo.</u> ADDRESS <u></u>				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hypostatic pneumonia</u>					INTERVAL BETWEEN ONSET AND DEATH <u>29 1 day</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>myocarditis</u>					<u>3 week</u>		
	DUE TO (c) <u></u>							
	II. OTHER SIGNIFICANT CONDITIONS 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)		<u>4222</u>		
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 <u>Nov 17</u> , 1953, to <u>Nov 20</u> , 1953, that I last saw the deceased alive on <u>Nov 20</u> , 1953, and that death occurred at <u>5:50 p.m.</u> , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <u>L.M. Stanford</u>				23b. ADDRESS <u>Farmington Mo</u>		23c. DATE SIGNED <u>11/27/53</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>11/22/53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>MEMORIAL PARK</u>		24d. LOCATION (City, town, or county) (State) <u>ST. FRANCIS Co. Mo.</u>			
DATE REC'D BY LOCAL REG. <u>Nov 27, 1953</u>		REGISTRAR'S SIGNATURE <u>Esther Rudloff</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>W. S. Serhan</u>		ADDRESS <u>Bonne Terre Mo.</u>		

(Licensed Embalmers' Statement on Reverse Side)

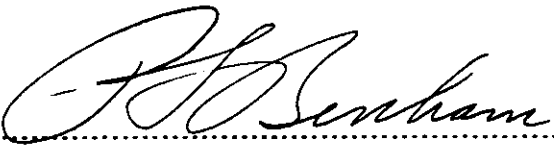
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

400
40
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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.....


Licensed Embalmer No..... 33

P. O. Address..... Bonne

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.