

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

43680

FILED JAN 4 1954

State File No. ....

BIRTH NO. ....		REG. DIST. NO. <u>224</u>		PRIMARY REG. DIST. NO. <u>9046</u>		Registrar's No. <u>5-8</u>	
1. PLACE OF DEATH a. COUNTY <u>Moniteau</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Moniteau</u>			
b. CITY OR TOWN <u>California</u>		c. LENGTH OF STAY (In this place) <u>1 day</u>		c. CITY OR TOWN <u>California</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION				e. STREET ADDRESS (If rural, give location) <u>068 1/2</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>George</u>		b. (Middle) <u>Newton</u>		c. (Last) <u>Holder</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Dec 17 1953</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>		8. DATE OF BIRTH <u>Oct 8 - 1877</u>	
9. AGE (In years last birthday) <u>76</u>		10. MONTH <u>2</u> DAY <u>9</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Cole County Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>		10b. KIND OF BUSINESS OR INDUSTRY		13a. FATHER'S NAME <u>Randolph Holder</u>		13b. MOTHER'S MAIDEN NAME <u>Martha Jane Proctor</u>	
13c. NAME OF HUSBAND OR WIFE <u>Not Married</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>no</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Elijah Holder</u> ADDRESS <u>California Mo</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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u>	
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., to or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>California Moniteau Mo</u>		21f. HOW DID INJURY OCCUR?	
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"/>					
22. I hereby certify that I attended the deceased from <u>5-22</u> <u>1953</u> , to <u>11-16</u> , <u>1953</u> , that I last saw the deceased alive on <u>11-16</u> , <u>1953</u> , and that death occurred at <u>9:30 a.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>MS Fulke</u> (Degree or title) <u>MD</u>				23b. ADDRESS <u>California Mo</u>		23c. DATE SIGNED <u>12-29-53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Dec 19-1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Hambel Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>Rural - Mt Point Mo.</u>	
DATE REC'D BY LOCAL REG. <u>12-23-53</u>		REGISTRAR'S SIGNATURE <u>H L Popejoy</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Thugh E Williams</u> ADDRESS <u>California Mo</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

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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. 3537

P. O. Address California

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.