

No. 300
10.48

FILED MAY 27 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 15249

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BIRTH NO. 124 REG. DIST. NO. 68 PRIMARY REG. DIST. NO. 5267 Registrar's No. 15

1. PLACE OF DEATH a. COUNTY Christian		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Greene	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN rural N. Galloway		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Springfield	
d. FULL NAME OF HOSPITAL OR INSTITUTION U.S. Highway # 65 1 1/2 Miles E. of Highlandville		d. STREET ADDRESS (If rural, give location) 1070 S. Fort	

3. NAME OF DECEASED (Type or Print) John R. Holleman a. (First) b. (Middle) c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) Apr. 11, 49		
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5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH July 28, 1915	9. AGE (In years last birthday) 33	IF UNDER 1 YEAR Months	IF UNDER 2 HRS. Hours	IF UNDER 15 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Assnt Med. Cus.	10b. KIND OF BUSINESS OR INDUSTRY U.S. Medical Center	11. BIRTHPLACE (State or foreign country) Paragould, Ark.	12. CITIZEN OF WHAT COUNTRY USA
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13a. FATHER'S NAME Thomas C. Holleman	13b. MOTHER'S MAIDEN NAME Sarah Brewer	14. NAME OF HUSBAND OR WIFE Dora Holleman
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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. Unknown	17. INFORMANT'S SIGNATURE OR NAME Mrs. Dora Holleman	ADDRESS Springfield, Mo
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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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Skull fracture & internal injuries		
	ANTECEDENT CAUSES recd in a car wreck near Highlandville Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Mo on Hiway 65. DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		28224 22	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Hi Way 65	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) near Highlandville Christian Mo
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) April 11, 1949 8 P.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? Car turned over	22
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22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 8 P. m., from the causes and on the date stated above.

23a. SIGNATURE J. W. Maples 3 Coroner, Christian	(Degree or title)	23b. ADDRESS Clever Mo	23c. DATE SIGNED Apr. 11, 49
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 4/14/49	24c. NAME OF CEMETERY OR CREMATORY Maple Park	24d. LOCATION (City, town, or county) (State) Springfield, Mo.
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DATE REC'D BY LOCAL REG May 1-1949	REGISTRAR'S SIGNATURE Loretta Leonard 59	25. FUNERAL DIRECTOR'S SIGNATURE H.H. Lohmeyer	ADDRESS Springfield, Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
District Health Officer No. 613
District File Number 5-26-49
Date Filed

MAY 31 1949

AUG 12 1949

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 _____
Student Embalmer

Signed

Walter E. Hamellen

Licensed Embalmer No. 3 808

P. O. Address Springfield, 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 this body is not embalmed, fact should be so stated above.