

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **16804**

FILED MAY 18 1949

BIRTH NO. _____ REG. DIST. NO. 274 PRIMARY REG. DIST. NO. 3052 Registrar's No. 147

1. PLACE OF DEATH a. COUNTY <u>Pettis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before death.) a. STATE <u>Missouri</u> b. COUNTY <u>Henry</u>	
b. CITY OR TOWN <u>Sebaldia</u>	c. LENGTH OF STAY (in this place) <u>3 days</u>	c. CITY OR TOWN <u>Wendson</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Bathwell Hosp.</u>		d. STREET ADDRESS (If rural, give location) <u>605 S Tebo</u>	

3. NAME OF DECEASED (Type or Print) <u>Holloway E Jno</u>	a. (First) <u>lost</u>	b. (Middle)	c. (Last) <u>Fist</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>April 30 1949</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>Feb. 3 - 1867</u>	9. AGE (In years last birthday) <u>82</u> IF UNDER 1 YEAR (Month) (Day) (Year) <u>2 27</u> IF UNDER 12 HRS. (Hour) (Min.)
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Saw mill operator</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Saw mill op</u>	11. BIRTHPLACE (State or foreign country) <u>Benton Co. Mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	

13a. FATHER'S NAME <u>Jno L. Holloway</u>	13b. MOTHER'S MAIDEN NAME <u>Nellie Lane</u>	14. NAME OF HUSBAND OR WIFE <u>Nellie Holloway</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs J E Holloway</u> ADDRESS <u>Windsor 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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>3 wks</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Urinary obstruction of enlarged prostate</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Carcinoma of pros. prostate?</u> DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Surgery for removal prostate</u>		1977X	

19a. DATE OF OPERATION <u>4/26/49</u>	19b. MAJOR FINDINGS OF OPERATION <u>yes</u>	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)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>4 7</u> m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>X</u>

22. I hereby certify that I attended the deceased from 4/25, 1949, to 4/30, 1949, that I last saw the deceased alive on 4/29, 1949, and that death occurred at 12:50 m., from the causes and on the date stated above.

23a. SIGNATURE <u>Dr. J. E. Holloway MD</u> (Degree or title)	23b. ADDRESS <u>Sebaldia Mo</u>	23c. DATE SIGNED <u>4/30/49</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>May-3-49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Laurel Oak Cemetery</u>
24d. LOCATION (City, town, or county) (State) <u>Windsor Mo</u>		

DATE REC'D BY LOCAL REG. <u>5-3-49</u>	REGISTRAR'S SIGNATURE <u>Betty Yeager</u> ADDRESS <u>251</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Fred Welkerson</u> ADDRESS <u>Clinton Mo.</u>
--	--	---

(Licensed Embalmer's Statement on Reverse Side)

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

806

MAY 9 REC'D

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 5-16-49

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 _____

None

Student Embalmer No. None

working under my personal supervision.

Signed None Student Embalmer

Signed Francis Lee Schoddy

Licensed Embalmer No. 4513

P. O. Address Clinton 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.