

FILED SEP 26 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 29735

21

BIRTH NO. _____ REG. DIST. NO. 83 PRIMARY REG. DIST. NO. 5321 Registrar's No. 19

1. PLACE OF DEATH a. COUNTY Cooper		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY Cooper 27	
b. CITY (If outside corporate limits, write RURAL and give township) rural S. Monticau	c. LENGTH OF STAY (in this place) lifetime	c. CITY (If outside corporate limits, write RURAL and give township) rural S. Monticau 27	
d. FULL NAME OF HOSPITAL OR INSTITUTION 6 miles n.w. of California MO		d. STREET ADDRESS (If rural, give location) 6 miles n.w. of California MO	

3. NAME OF DECEASED (Type or Print) HENRY WHITE HOLLOWAY	4. DATE OF DEATH (Month) (Day) (Year) Sept 15 1949
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5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Jan. 29, 1877	9. AGE (In years last birthday) 72	IF UNDER 1 YEAR Months 7	IF UNDER 24 HRS. Days 16 Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farmer	10b. KIND OF BUSINESS OR INDUSTRY farmer	11. BIRTHPLACE (State or foreign country) Miller Co. Mo	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Milton Holloway	13b. MOTHER'S MAIDEN NAME Polly Ann Adock	14. NAME OF HUSBAND OR WIFE Lucy A. Vaughan
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME Lucy A. Holloway	ADDRESS California 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, asthenia, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis		INTERVAL BETWEEN ONSET AND DEATH 1 hour
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Chronic Pyelocystitis		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. DUE TO (c)		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) South Monticau (Rural)	21c. CITY, TOWN, OR TOWNSHIP, (COUNTY) (STATE) Cooper (Mo)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR
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22. I hereby certify that I attended the deceased from Sept. 9, 1949, to Sept. 15, 1949, that I last saw the deceased alive on Sept. 14, 1949, and that death occurred at 3:30 a.m., from the causes and on the date stated above.

23a. SIGNATURE A. Brinson (Degree or title)	23b. ADDRESS S.O. California Mo	23c. DATE SIGNED 9/16/49
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24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE 9-18-1949	24c. NAME OF CEMETERY OR CREMATORY Mt. Pleasant	24d. LOCATION (City, town, or county) (State) Cooper Mo
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DATE REC'D BY LOCAL REG. 9/17/49	REGISTRAR'S SIGNATURE U. T. Meredith	25. FUNERAL DIRECTOR'S SIGNATURE A. E. Wilson	ADDRESS California Mo
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED ^{T22}
District Health Officer No.
District File Number _____
Date Filed 9-23-49

OCT 6 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 A. E. Wilson

Licensed Embalmer No. 2351

P. O. Address California 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.