

FILED SEP 18 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **32744**

BIRTH NO. _____ REG. DIST. NO. 391 PRIMARY REG. DIST. NO. 6153 Registrar's No. 25

1. PLACE OF DEATH a. COUNTY Stoddard (Bell City R.#1)		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Arkansas. b. COUNTY 491	
b. CITY OR TOWN Rural 3 PIKE		c. CITY OR TOWN Scotland, Ark.	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) 2	

3. NAME OF DECEASED (Type or Print) BOSS			a. (First)			b. (Middle)			c. (Last) HOLAWAY			4. DATE OF DEATH (Month) (Day) (Year) July 8, 1949			
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH July 5-1895			9. AGE (In years last birthday) 54		IF UNDER 1 YEAR Months - Days 4		IF UNDER 12 HRS. Hours - Min. -		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer				10b. KIND OF BUSINESS OR INDUSTRY				11. BIRTHPLACE (State or foreign country) Missouri, Scott county				12. CITIZEN OF WHAT COUNTRY? U. S.			

13a. FATHER'S NAME Wm. Holaway			13b. MOTHER'S MAIDEN NAME Sarah Thompson			14. NAME OF HUSBAND OR WIFE Victoria Holaway					
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. 431073008			17. INFORMANT'S SIGNATURE OR NAME Victoria Holaway-Scotland, Ark. R.F.D.			ADDRESS		

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION										INTERVAL BETWEEN ONSET AND DEATH	
<p>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</p>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage										931X	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arterial Sclerosis											
		DUE TO (c)											
		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 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) (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 July 3, 1949, to July 3, 1949, that I last saw the deceased alive on July 3, 1949, and that death occurred at 8:30p m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Gordon C. Campbell, D.O.		23b. ADDRESS 2 Bloomfield, Mo.		23c. DATE SIGNED 7-18-49	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE July 11-49		24c. NAME OF CEMETERY OR CREMATORY Morley, Mo. cemetery	
24d. LOCATION (City, town, or county) (State) Morley, Missouri		DATE REC'D BY LOCAL REG. 7-1-49			
REGISTRAR'S SIGNATURE Bessie Moore		369		25. FUNERAL DIRECTOR'S SIGNATURE Chiles Und. Co.	
				ADDRESS Bloomfield, Mo.	

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED SEP 10 1919
District Health Office No. 2,
District File Number 949-80
Date Filed _____

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.

Signed Luan C. Cooper

Signed _____
Student Embalmer

Licensed Embalmer No. 4119

P. O. Address Bloomfield, 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.