

FILED NOV 7 1949

STANDARD CERTIFICATE OF DEATH

State File No.

33386

BIRTH NO.		REG. DIST. NO. <u>86</u>		PRIMARY REG. DIST. NO. <u>5328</u>		Registrar's No. <u>31-1949</u>	
1. PLACE OF DEATH a. COUNTY <u>Crawford</u>				2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Crawford</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Heasburg, Liberty Twp</u>		c. LENGTH OF STAY (in this place) <u>28</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>1/2 Mi. N. of Heasburg</u>		d. STREET ADDRESS (If rural, give location) <u>TR #1</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>At Home</u>				3. NAME OF DECEASED a. (First) <u>BENJAMIN</u> b. (Middle) <u>Franklin</u> c. (Last) <u>HOLLAY</u>			
4. DATE OF DEATH <u>7-23-1949</u>		5. SEX <u>M</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	
8. DATE OF BIRTH <u>5-9-1892</u>		9. AGE (In years last birthday) <u>57</u>		IF UNDER 1 YEAR Months <u>2</u> Days <u>14</u>		IF UNDER 1 HR. Hours <u>1</u> Min. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer, Retired R.R. Work</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farmer & Financier R.R.</u>		11. BIRTHPLACE (State or foreign country) <u>Webb City, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>JAMES MONROE HOLLAY</u>		13b. MOTHER'S MAIDEN NAME <u>Kulu PAROLINE SPEAK</u>		14. NAME OF HUSBAND OR WIFE <u>Ruth Irene Hollay, Heasburg, Mo.</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes W.W.I.</u>		16. SOCIAL SECURITY NO. <u>Missouri R.R. Emp.</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Ruth Irene Hollay, Heasburg, 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary occlusion</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chronic angina pectoris, Coronary sclerosis</u> DUE TO (c) <u>Stress</u>				INTERVAL BETWEEN ONSET AND DEATH <u>2 1/2 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., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>4201</u>			
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 <u>1938</u> , to <u>1949</u> , that I last saw the deceased alive on <u>8/26, 1948</u> , and that death occurred at <u>10 P.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Ed. Prater M.D.</u>				23b. ADDRESS <u>Osborne Mo.</u>		23c. DATE SIGNED <u>7-25-49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>7-26-1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Heasburg Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>Heasburg Mo.</u>	
DATE REC'D BY LOCAL REG. <u>7-25-1949</u>		REGISTRAR'S SIGNATURE <u>Francis Fulton Deputy</u>		3528		25. FUNERAL DIRECTOR'S SIGNATURE <u>Paul A. Shanklin</u>	
						ADDRESS <u>Carls, Mo.</u>	

(Licensed Embalmers' Statement on Reverse Side)

original certificate which says Registrar's name. The No. claims to be registered previously to this office. See No. 10. 48
 WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED 11/1/49
District Health Officer No. 5,
District File Number 1199 679
Date Filed 11/3/49

NOV 7 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 Paul A. Franklin
Licensed Embalmer No. 3477
P. O. Address Cuba, 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.