

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34483

State File No. _____

FILED OCT 18 1949

BIRTH NO. _____		REG. DIST. NO. <u>226</u>		PRIMARY REG. DIST. NO. <u>4338</u>		Registrar's No. <u>39</u>	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).			
a. COUNTY <u>Monroe</u>		b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Monroe City</u>		c. LENGTH OF STAY (In this place) <u>3</u>		a. STATE <u>Missouri</u> b. COUNTY <u>Monroe</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>C. B. + C. R. Lightsey 3/4 mile East of town</u>				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Monroe City</u>			
d. STREET ADDRESS <u>508 WINTER ST.</u>				d. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH			5. SEX <u>Male</u>	
a. (First) <u>ROBERT</u>	b. (Middle) <u>Clifford</u>	c. (Last) <u>Holland</u>	Month <u>OCTOBER</u>	Day <u>7</u>	Year <u>1949</u>	6. COLOR OR RACE <u>negro</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never married</u>
8. DATE OF BIRTH <u>FEB. 8 - 1924</u>		9. AGE (In years last birthday) <u>25</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>General Laborer</u>		11. BIRTHPLACE (State or foreign country) <u>SPRINGFIELD ILLINOIS</u>	
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>JAMES Holland</u>		13b. MOTHER'S MAIDEN NAME <u>Stella Woodley</u>		14. NAME OF HUSBAND OR WIFE <u>Gene Holland</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>497-18-935</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Gene Holland</u> ADDRESS <u>Monroe City, Mo</u>			
18. CAUSE OF DEATH		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
Enter only one cause per line for (a), (b), and (c)		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Head Injury</u>				<u>once.</u>	
* This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES					
		DUE TO (b) <u>Being Struck By Freight Train No 72 East Bound of C. & G. RR.</u>					
		DUE TO (c)				<u>802</u>	
		II. OTHER SIGNIFICANT CONDITIONS				<u>35</u>	
		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 checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>on Rail Road Track</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) <u>Monroe City Monroe</u>		21d. (STATE) <u>Missouri</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>October 7, 1949 12:30 AM</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
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 <u>about 12:30 AM</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Russell M. Wilson 3 Coroner</u>				23b. ADDRESS <u>Monroe City Mo</u>		23c. DATE SIGNED <u>10/7-49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>10-10-49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>St. Jades. Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Monroe City, Mo</u>	
DATE REC'D BY LOCAL REG. <u>Oct 12, 1949</u>		REGISTRAR'S SIGNATURE <u>Elaine Little</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>WILSON & SON'S Monroe City Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED OCT 17 1948

District Health Officer No. 10

District File Number 10-49-1792

Date Filed OCT 17 1948

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 me

Student Embalmer No. _____

working under my personal supervision.

Signed Leslie L. Wilcox

Signed _____
Student Embalmer

Licensed Embalmer No. 3014

P. O. Address Monroeville, Pa.

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.