

No. 300
10-48

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED MAY 8 1950

State File No. **12590**

BIRTH NO. _____		REG. DIST. NO. <u>128</u>		PRIMARY REG. DIST. NO. <u>2000</u>		Registrar's No. <u>421</u>		
1. PLACE OF DEATH a. COUNTY <u>Greene</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Greene</u>				
b. CITY (If outside corporate limits, write RURAL and give town or township) <u>Springfield</u>		c. LENGTH OF STAY (In this place) <u>59 years</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Springfield</u>		0396		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Springfield Baptist Hosp.</u>				d. STREET ADDRESS (If rural, give location) <u>1476 N. Grant Avenue</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>JOHN</u> b. (Middle) <u>BUCK</u> c. (Last) <u>HOLLIDAY</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>May 2, 1950</u>					
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>17 Apr. 1870</u>		
9. AGE (In years Last birthday) <u>80</u>		IF UNDER 1 YEAR Days		IF UNDER 24 HRS. Hours		IF UNDER 10 MIN. Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Stationary Engineer</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>City Water Co.</u>		11. BIRTHPLACE (State or foreign country) <u>Whitehaven, England</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>William Holliday</u>			13b. MOTHER'S MAIDEN NAME <u>Ann Clark</u>		14. NAME OF HUSBAND OR WIFE <u>Julia Ellen Holiday</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>489-30-1876</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mr. G.M. Edwards, Springfield, 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>Cerebral Dementia</u> INTERVAL BETWEEN ONSET AND DEATH <u>4/26/50</u> ANTECEDENT CAUSES <u>2050/50</u> DUE TO (b) <u>Hypertension</u> DUE TO (c) <u>Arterio-Sclerosis</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Arterio-Sclerosis</u> 231X						
19a. DATE OF OPERATION <u>none</u>		19b. MAJOR FINDINGS OF OPERATION <u>none</u>					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>no</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>none</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>none</u>				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>none</u>		21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>none</u>				
22. I hereby certify that I attended the deceased from <u>4/26</u> , 19 <u>50</u> to <u>5/24</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>5/2</u> , 19 <u>50</u> , and that death occurred at <u>10:15</u> m.; from the causes and on the date stated above.								
23a. SIGNATURE <u>S. F. Freeman</u>			23b. ADDRESS <u>Springfield Mo</u>			23c. DATE SIGNED <u>5/3/50</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>4 May 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Maple Park Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Springfield, Missouri</u>		
DATE REC'D BY LOCAL REG. <u>5/5/50</u>		REGISTRAR'S SIGNATURE <u>W. Handley</u>			25. FUNERAL DIRECTOR'S SIGNATURE <u>Fred C. Thime</u> ADDRESS <u>Springfield, Mo.</u>			

STATEMENT BY LICENSED EMBALMER

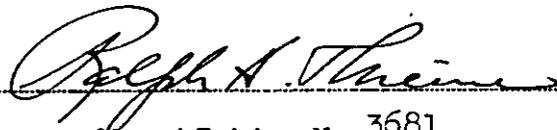
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed



Licensed Embalmer No. 3681

P. O. Address Springfield, Missouri

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.