

FILED MAY 4 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **14021**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **274** PRIMARY REG. DIST. NO. **3052** Registrar's No. **166**

0804

0804

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

1. PLACE OF DEATH a. COUNTY <b>Pettis</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Pettis</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Sedalia</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Sedalia</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>417 N. Engineer</b>		d. STREET ADDRESS (If rural, give location) <b>417 N. Engineer</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>WILLIAM</b> b. (Middle) <b>A</b> c. (Last) <b>HOLLOWAY</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>April 28, 1950</b>
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Feb. 11, 1908</b>
9. AGE (In years last birthday) <b>42</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Painter</b>	11. BIRTHPLACE (State or foreign country) <b>St. Louis, Missouri</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Painter</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>General</b>	12. CITIZEN OF WHAT COUNTRY?
13a. FATHER'S NAME <b>Arthur Holloway</b>		13b. MOTHER'S MAIDEN NAME <b>Mary Hauser</b>	14. NAME OF HUSBAND OR WIFE <b>Bertha Holloway</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>unknown</b>		16. SOCIAL SECURITY NO. <b>415-07-7502</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Mary Holloway, Lincoln, Missouri</b>
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Crown thrombosis</b> ANTECEDENT CAUSES DUE TO (b) <b>Chr. Myocarditis</b> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. 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 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)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		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 <b>4-28, 1950</b> , to <b>4-28, 1950</b> , that I last saw the deceased alive on <b>April 28, 1950</b> , and that death occurred at <b>9:30 A.M.</b> , from the causes and on the date stated above.			
23a. SIGNATURE <b>H. W. Boyer M.D.</b> (Degree or title)		23b. ADDRESS <b>Sedalia, Mo.</b>	23c. DATE SIGNED <b>4-29-50</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>April 29, 1950</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Crown Hill</b>	24d. LOCATION (City, town, or county) (State) <b>Sedalia, Missouri</b>
DATE REC'D BY LOCAL RES. <b>4-28-50</b>	REGISTRAR'S SIGNATURE <b>W. Campbell</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>W. D. Dodder</b> ADDRESS <b>Sedalia, Mo.</b>	

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED MAY 6  
District Health Officer No. 8,  
District File Number

Date Filed 5-3-50

**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 D. W. Keckart

Licensed Embalmer No. 3470

P. O. Address Sedalia, Md.

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.