

FILED JUN 15 1950

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. **16346**

0362

BIRTH NO. 26856-50 REG. DIST. NO. 116 PRIMARY REG. DIST. NO. 3020 Registrar's No. 86

1. PLACE OF DEATH a. COUNTY <u>Franklin</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Franklin</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Washington</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Union</u>	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Francis Hosp</u>			

3. NAME OF DECEASED (Type or Print) <u>DANIEL RAY Holaway</u> (First) (Middle) (Last)			4. DATE OF DEATH <u>June 2nd 1950</u> (Month) (Day) (Year)		
5. SEX <u>Male</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	
8. DATE OF BIRTH <u>June 7th 1950</u>		9. AGE (In years last birthday)		10. MONTHS	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Washington Mo</u>	
12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>					

13a. FATHER'S NAME <u>Howard Holaway</u>		13b. MOTHER'S MAIDEN NAME <u>Marie Owens</u>		14. NAME OF HUSBAND OR WIFE	
--	--	--	--	-----------------------------	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <u>Howard Holaway</u> ADDRESS <u>Union Mo</u>	
---	--	-------------------------	--	---	--

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Eclampsia & Asphyxia</u>			INTERVAL BETWEEN ONSET AND DEATH <u>1 day</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 Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Pre-maturity</u>			
		DUE TO (c)			
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			<u>7625</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)	
--	--	--	--	---	--

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 6-2, 1950, to 6-2, 1950, that I last saw the deceased alive on 6-2, 1950, and that death occurred at 11 a.m., from the causes and on the date stated above.

23a. SIGNATURE <u>H. M. Senny</u> (Degree or title) <u>M.D.</u>		23b. ADDRESS <u>Union Mo</u>		23c. DATE SIGNED <u>6-2-50</u>	
---	--	------------------------------	--	--------------------------------	--

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>6-3-50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Union Cem</u>	
				24d. LOCATION (City, town, or county) (State) <u>Union Mo</u>	

DATE REC'D BY LOCAL REG. <u>June 3, 1950</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>E. F. [Signature]</u> ADDRESS <u>Union Mo</u>	
--	--	--	--	---	--

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

-----District File Number-----

District Health Officer No. 9

RECEIVED JUN 10 1950

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-----

not Embalmed.

working under my personal supervision.

Student Embalmer No.....

Signed *E. F. Altman*

Signed.....
Student Embalmer

Licensed Embalmer No. *1686*

P. O. Address *Union 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.