

FILED JUN 8 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 17726

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 275 PRIMARY REG. DIST. NO. 3053 Registrar's No. 78

1. PLACE OF DEATH a. COUNTY <b>Phelps</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Phelps</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rolla</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rolla</b>	
c. LENGTH OF STAY (in this place) <b>15 yrs</b>		d. STREET ADDRESS (If rural, give location) <b>Hiway 66W</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>East 10th Street</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>Abner</b>	b. (Middle) <b>Wyan</b>	c. (Last) <b>Holliday</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>May 20, 1950</b>
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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>April 3, 1899</b>	9. AGE (In years last birthday) <b>51</b>	IF UNDER 1 YEAR Months <b>1</b> Days <b>17</b>	IF UNDER 24 HRS. Hours <b></b> Min. <b></b>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>General Contractor</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Building</b>	11. BIRTHPLACE (State or foreign country) <b>Cooper County, Missouri</b>	12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>
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13a. FATHER'S NAME <b>Abner Jonah Holliday</b>	13b. MOTHER'S MAIDEN NAME <b>Catherine Callahan</b>	14. NAME OF HUSBAND OR WIFE <b>Gertrude Son Holliday</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	16. SOCIAL SECURITY NO. <b>497-09-4079</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs. Gertrude Holliday, Rolla, Missouri</b>
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <b>Immediate</b>  <b>59146</b>  <b>6</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Shock</b>  ANTECEDENT CAUSES <b>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</b> DUE TO (b) <b>Electric Shock.</b> DUE TO (c) <b>Coming in contact with 2400 Volt Power line.</b>		
II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>Accident</b>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Hi. School Foot Ball Field</b>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>Rolla Phelps Mo.</b>
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21d. TIME (Month) (Day) (Year) (Hour) OF INJURY <b>May 20, 1950 11 A.m.</b>	21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>Broken Guy wire came in contact with lead wire to transformer.</b>
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22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on **May 20**, 1950, and that death occurred at **about 11 A.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>S. B. [Signature] Coroner Phelps Co.,</b>	23b. ADDRESS <b>Rolla Missouri</b>	23c. DATE SIGNED <b>5/22/50</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>May 23, 1950</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Rolla</b>	24d. LOCATION (City, town, or county) (State) <b>Rolla, Missouri</b>
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DATE REC'D BY LOCAL REG. <b>5-23-50</b>	REGISTRAR'S SIGNATURE <b>Nadine R. Steele</b>	380	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Rolla, Missouri</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

58132

RECEIVED

Phelps County Health Officer,

County File Number \_\_\_\_\_

Date Filed 6-6-50

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**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 *John H. Stoeck*

Licensed Embalmer No. 3643

P. O. Address Rolla, 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.