

FILED JUN 19 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

20750

State File No.

BIRTH NO. _____		REG. DIST. NO. <u>167</u>		PRIMARY REG. DIST. NO. <u>4256</u>		Registrar's No. <u>34</u>	
1. PLACE OF DEATH a. COUNTY <u>Johnson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Johnson</u>			
b. CITY (If outside corporate limits, write RURAL and give town) <u>Holden</u>		c. LENGTH OF STAY (In this place) <u>61 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Holden</u>		1510	
d. FULL NAME OF (If not in hospital or institution, give street address or location) <u>7th & Olive Sts.,</u>				d. STREET ADDRESS (If rural, give location) <u>7th & Olive Sts.,</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Laura</u>		b. (Middle) <u>Rice</u>		c. (Last) <u>Golladay</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>May 30, 1950</u>	
5. SEX <u>female</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>		8. DATE OF BIRTH <u>June 23, 1866</u>	
9. AGE (In years) <u>83</u>		IF UNDER 1 YEAR Months <u>11</u> Days <u>7</u>		IF UNDER 24 HRS. Hours <u></u> Min. <u></u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>own home</u>		11. BIRTHPLACE (State or foreign country) <u>Wilmington, vt.,</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>				13a. FATHER'S NAME <u>Curtis Chester Rice</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Aurelia Parsons</u>	
14. NAME OF HUSBAND OR WIFE <u>Morris L. Golladay</u>				15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>XXXX</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>E. Lew Golladay,</u>				ADDRESS <u>Holden, Missouri</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Recurret C.A. Massive Hemorrhage</u>		ANTECEDENT CAUSES				<u>4 hrs</u>	
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (b) <u>Metastatic CA Pelvic Organ</u>				<u>1 yr 6mo</u>	
		DUE TO (c) <u>Primary CA Uterine Cervex</u>				<u>10 yrs</u>	
		II. OTHER SIGNIFICANT CONDITIONS* Conditions contributing to the death but not related to the disease or condition causing death. <u>Treated with radium 10 years ago, 6000 ML 1938</u>				<u>171X</u>	
19a. DATE OF OPERATION <u>April</u>		19b. MAJOR FINDINGS OF OPERATION <u>Exploratory General Abdominal Canerosis</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 <u>Oct 4</u> , 19 <u>48</u> , to <u>May 30</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>May 30</u> , 1950, and that death occurred at <u>9 P</u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>M. L. Thompson M.D.</u>				23b. ADDRESS <u>Holden, Missouri</u>		23c. DATE SIGNED <u>June 8 '50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>June 2 '50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Holden Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Holden, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>June 7, 1950</u>		REGISTRAR'S SIGNATURE <u>Mrs. H. V. Redford</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Canaday & Ropp Funeral Home</u>		ADDRESS <u>Holden Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

DEC 1 1955

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

M. J. Canaday

Licensed Embalmer No. _____

3434

P. O. Address _____

Holden, Mo.

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.