No. 200
10.48

FILED AUG 10 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

25709

State File No.

BIRTH NO. REG. DIST. NO. 319 PRIMARY REG. DIST. NO. 6079 Registrar's No. 48

1. PLACE OF DEATH
a. COUNTY: STE GENEVIEVE
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): RURAL STE. GENEVIEVE
c. LENGTH OF STAY (In this place): ✓
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): NONE

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: ST FRANCIS
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): ELVINS MO
d. STREET ADDRESS (If rural, give location): 0941

3. NAME OF DECEASED (Type or Print)
a. (First): JAMES
b. (Middle): EARL
c. (Last): HOLLEY

4. DATE OF DEATH (Month) (Day) (Year): JULY 16 1950

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): DIVORCED 3
8. DATE OF BIRTH: MARCH 28 1923
9. AGE (In years last birthday): 27 | If under 1 year: Months / Days | If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): LABORER
10b. KIND OF BUSINESS OR INDUSTRY: LIME INDUSTRY
11. BIRTHPLACE (State or foreign country): ELVINS MO
12. CITIZEN OF WHAT COUNTRY?: USA
13a. FATHER'S NAME: WALTER E. HOLLEY
13b. MOTHER'S MAIDEN NAME: CLARA PELATE
14. NAME OF HUSBAND OR WIFE: Betty Eley
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): YES (If yes, give war or dates of service): WAR II
16. SOCIAL SECURITY NO.: 497-18-7630
17. INFORMANT'S SIGNATURE OR NAME: Walter E. Holley
ADDRESS: Elvins Mo

MEDICAL CERTIFICATION

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, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): CRUSHED CHEST (ACCIDENTAL DEATH)

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*

DUE TO (b): TRUCK OVERTURNING ON HIM WHILE DRIVING FOR MISSISSIPPI LIME CO. OF MO. (VERDICT OF JURY)

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*

INTERVAL BETWEEN ONSET AND DEATH: 8244 / 32

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: 095
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify): ACCIDENT
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): PRIVATE ROAD
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): STE GENEVIEVE STE GENEVIEVE MO
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): JULY 16 1950 11:30 A.M.
21e. INJURY OCCURRED WHILE AT WORK ☑ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: TRUCK OVERTURNING ON HIM

22. *I hereby certify that I attended the deceased from ____, 19__, to ____, 19__, that I last saw the deceased alive on ____, 19__, and that death occurred at ____ m., from the causes and on the date stated above.*

23a. SIGNATURE: Leo C. Barber (Degree or title): Coroner
23b. ADDRESS: Ste. Genevieve Mo
23c. DATE SIGNED: 7/16/50

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: July 18 1950
24c. NAME OF CEMETERY OR CREMATORY: WOODLAWN CEMETERY
24d. LOCATION (City, town, or county) (State): LEADINGTON MO

DATE REC'D BY LOCAL REG.: July 18, 1950
REGISTRAR'S SIGNATURE: Leo D. Karl
350
25. FUNERAL DIRECTOR'S SIGNATURE: Caldwell Funeral Home
ADDRESS: Desoto Mo

(Licensed Embalmer's Statement on Reverse Side)

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

APR 17 1951

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.

Signed B. Caldwell

Signed ..... Student Embalmer

Licensed Embalmer No. 2531

P. O. Address Flat River 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.