No. 300
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FILED AUG 23 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 29234

BIRTH NO. _____ REG. DIST. NO. 370 PRIMARY REG. DIST. NO. 6254 Registrar's No. 23

110
1

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

1. PLACE OF DEATH
a. COUNTY: Wayne
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Cascade (rural)
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):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Wayne
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Cascade (rural)
d. STREET ADDRESS (If rural, give location): 111 0

3. NAME OF DECEASED (Type or Print)
a. (First): Herbert
b. (Middle): B.
c. (Last): Hollida

4. DATE OF DEATH (Month) (Day) (Year): 7-26-50

5. SEX: M 0
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 1
8. DATE OF BIRTH: April 29-1904
9. AGE (In years last birthday): 46 | 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): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Farmer
11. BIRTHPLACE (State or foreign country): Memphis, Tennessee
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: George R. Hollida
13b. MOTHER'S MAIDEN NAME: Byrde Bull
14. NAME OF HUSBAND OR WIFE: Madalyne Hollida

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No. (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT'S SIGNATURE OR NAME: Mrs. Madalyne Hollida
ADDRESS: Cascade Mo

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.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Hemorrhage of Femoral artery
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Loss of leg
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: 2 1/2 3 / 3

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: 111
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.): Saw mill
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Cascade Wayne Mo
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 7-26-50 m.
21e. INJURY OCCURRED WHILE AT WORK ☒ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: Fell into Saw

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 (Degree or title): Warren E. Bowle Corona
23b. ADDRESS: Piedmont Mo
23c. DATE SIGNED: 7-27-50

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial 1
24b. DATE: July 30-1950
24c. NAME OF CEMETERY OR CREMATORY: Hoolingen Cemetery
24d. LOCATION (City, town, or county) (State): Hoolingen Texas

DATE REC'D BY LOCAL REG.: Aug 16-1950
REGISTRAR'S SIGNATURE: Mabel Beasley 3-1 1
25. FUNERAL DIRECTOR'S SIGNATURE: E. A. Homan
ADDRESS:

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
AUG 21 1950
WAYNE CO. HEALTH CENTER
FILE No. 850-674

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 Lyman H. Sprinkle

Licensed Embalmer No. 403

P. O. Address Fredericktown, 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.