

FILED JAN 13 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH41597
State File No.

BIRTH NO. _____		REG. DIST. NO. <u>245</u>		PRIMARY REG. DIST. NO. <u>3047</u>		Registrar's No. <u>741</u>	
1. PLACE OF DEATH a. COUNTY <u>NEWTON</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>McDONALD</u> 0600			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>NEOSHO</u>		c. LENGTH OF STAY (in this place) <u>2 HRS.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>LANAGAN</u> 1			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>SALES-MEMORIAL</u>				d. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print) a. (First), <u>LEWIS</u> b. (Middle) <u>- STIRMAN</u> c. (Last) <u>HOLLAND</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>12-27-50</u>				
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>M</u>	8. DATE OF BIRTH <u>3-2-1902</u>	9. AGE (In years last birthday) <u>48</u>	IF UNDER 1 YEAR Months <u>9</u> Days <u>15</u>	IF UNDER 18 HRS. Hours <u>15</u> Min.	
10a. USUAL OCCUPATION: (Give kind of work done during most of working life, even if retired) <u>SELF-EMPLOYED</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>ROOFER.</u>		11. BIRTHPLACE (State or foreign country) <u>FAYETTEVILLE - ARK.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S.</u>	
13a. FATHER'S NAME <u>L. E. HOLLAND</u>		13b. MOTHER'S MAIDEN NAME <u>NANA - CARTER.</u>		14. NAME OF HUSBAND OR WIFE <u>OLIVE HOLLAND</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>487-12-8590</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Olive Holland, Lanagan, Mo</u>			
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, assthenia, etc.: It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Crushing injury of chest + shock</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last: _____ DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>#</u>				INTERVAL BETWEEN ONSET AND DEATH <u>4 hrs.</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) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Road</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Near Pinerille McDonald Mo.</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>12-27-50 1 P. m.</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Auto accident.</u> 60			
22. I hereby certify that I attended the deceased from <u>12-27, 1950</u> , to <u>12-27, 1950</u> , that I last saw the deceased alive on <u>12-27, 1950</u> , and that death occurred at <u>4 P. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Harold C. Renty M.D.</u>				23b. ADDRESS <u>Neosho Mo.</u>		23c. DATE SIGNED <u>Jan 6 1951</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>1-2-51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Evergreen</u>		24d. LOCATION (City, town, or county) (State) <u>Fayetteville, Ark.</u>	
DATE REC'D BY LOCAL REG. <u>Jan 6 1951</u>		REGISTRAR'S SIGNATURE <u>Walter C. Bowman</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>H. W. Humphrey</u>		ADDRESS <u>Pinerille Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10.480732
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RECEIVED

District Health Officer No. Newton Co. Health Dept.

District File Number 151-17

Date Filed 1/8/51

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 J. M. Humphrey Jr.

Licensed Embalmer No. 4708

P. O. Address Neel, 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.