

FILED JAN 6 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 11615

BIRTH NO. _____ REG. DIST. NO. 248 PRIMARY REG. DIST. NO. 5842 Registrar's No. 32

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>NEWTON</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RACINE</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL</u> <u>0730</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) <u>NEOSHO R#2</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>EARL</u> b. (Middle) <u>C.</u> c. (Last) <u>HOLLEY</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>DEC. 24. 1950</u>
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>DIVORCED-3</u>	8. DATE OF BIRTH <u>APRIL 5, 1920</u>
9. AGE (In years last birthday) <u>30</u> <u>7</u> <u>19</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>UNEMPLOYED</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		11. BIRTHPLACE (State or foreign country) <u>PITTSBURG KANSAS</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>WALTER C. HOLLEY</u>		13b. MOTHER'S MAIDEN NAME <u>LILLIE R. WILLARD</u>	14. NAME OF HUSBAND OR WIFE <u>DOROTHY CARRICK</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>YES</u> <u>WORLD WAR II</u>		16. SOCIAL SECURITY NO. <u>499-14-8569</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Walter C. Holley, Neosho R#2</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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>DROWNING</u> ANTECEDENT CAUSES Morbidity 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>7975X</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
19a. DATE OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT (Specify) SUICIDE <u>SKICIDE</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Lost Creek</u>	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>RACINE NEWTON MISSOURI</u>		21d. TIME (Month) (Day) (Year) (Hour) OF INJURY <u>12-24-50 6A.</u>	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>WAS FOUND IN CREEK.</u>	
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 <u>6 A.</u> m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Looney Thompson, Coroner</u>		23b. ADDRESS <u>Neosho Missouri</u>	
23c. DATE SIGNED <u>12/24/50</u>			
24a. BURIAL CREMATION-REMOVAL (Specify) <u>BURIED</u>		24b. DATE <u>12-27-50</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>BURKHART</u>		24d. LOCATION (City, town, or county) (State) <u>NEWTON Co. MISSOURI</u>	
DATE REC'D BY LOCAL REG. <u>12-27-50</u>		REGISTRAR'S SIGNATURE <u>Phyllis Britte</u>	
		FUNERAL DIRECTOR'S SIGNATURE <u>Looney Thompson</u> ADDRESS <u>Neosho Mo.</u>	

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

730
3

7
RECEIVED

District Health Officer No. Newton County H.D.
District File Number 151-11
Date Filed 1/2/51

FEB 15 1961

VS
MAR 28 1961

MAR 28 1961

MAR 1 1961

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 _____
Barney Thompson Jr. Student Embalmer No. 384
working under my personal supervision.

Student Barney Thompson Jr.
Student Embalmer

Signed Barney Thompson Sr.
Licensed Embalmer No. 3259
P. O. Address Neosho 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.