

FILED FEB 8 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 1621

510

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

BIRTH NO. _____		REG. DIST. NO. <u>167</u>		PRIMARY REG. DIST. NO. <u>4256</u>		Registrar's No. <u>9</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 township) OR TOWN <u>Holden</u>		c. LENGTH OF STAY (In this place) <u>24 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Holden</u>		0510	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>South Market Street</u>				d. STREET ADDRESS (If not in institution) <u>South Market St.,</u>			
3. NAME OF DECEASED a. (First) <u>Mahala</u> (Type or Print)			b. (Middle) <u>Estella</u>		c. (Last) <u>Holloway</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>January 23, 1951</u>
5. SEX <u>female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Feb 5, 1877</u>		9. AGE (In years last birthday) <u>73</u>	# UNDER 1 YEAR Months <u>11</u> Days <u>18</u>	# UNDER 100 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>Knobnoster, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Oliver A. Dove</u>		13b. MOTHER'S MAIDEN NAME <u>Moore</u>		14. NAME OF HUSBAND OR WIFE <u>Arch Holloway</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>XXX XXXX</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mae Cotter, Lyons, Kansas</u> ADDRESS _____			
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>Cerebral hemorrhage</u>  ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>Hypertension</u>  DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>					INTERVAL BETWEEN ONSET AND DEATH <u>8 days</u>  <u>yr?</u>
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		331x	
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>May, 1948</u> , to <u>Jan 23, 1951</u> , that I last saw the deceased alive on <u>Jan 23, 1951</u> , and that death occurred at <u>8 P. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Paul Lowell MD</u>				23b. ADDRESS <u>Holden Mo</u>		23c. DATE SIGNED <u>1/26/51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>1/27/51</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>1-29-51</u>		REGISTRAR'S SIGNATURE <u>Mrs G V Redford</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Canaday &amp; Ropp, Holden, Missouri</u>			

RECEIVED  
JAN 30 1951  
RECEIVED  
JOHNSON COUNTY HEALTH DEPT.

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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. L. 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.