

FILED FEB 17 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 4776

402

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. _____

3008

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

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Ray</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Richmond</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>The Children's Mercy Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>Route 2</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Cathryn MAE</u> b. (Middle) <u>Holladay</u> c. (Last) <u>Holladay</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>1 28 51</u>		
5. SEX <u>FEMALE</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>never married</u>	
8. DATE OF BIRTH <u>7-22-50</u>		9. AGE (In years last birthday) <u>6</u>		IF UNDER 1 YEAR Months <u>6</u> Days <u>6</u> Hours <u></u> Min. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>		11. BIRTHPLACE (State or foreign country) <u>Excelsior Springs, Mo.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>					

13a. FATHER'S NAME <u>Willard Holladay</u>		13b. MOTHER'S MAIDEN NAME <u>Rebecca Ella GRANT</u>		14. NAME OF HUSBAND OR WIFE <u>—</u>	
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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>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Willard Holladay</u> ADDRESS <u>RICHMOND, MO.</u>	
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18. CAUSE OF DEATH Enter only one cause per line for (a); (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Aspiration</u>		II. OTHER SIGNIFICANT CONDITIONS			491A
ANTECEDENT CAUSES *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death. Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Bronchial pneumonia</u> DUE TO (c) _____		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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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) (Min.)		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 1/25, 1951, to 1/28, 1951, that I last saw the deceased alive on 1/27, 1951, and that death occurred at 5:45 AM., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>H. M. Gilkey MD</u>		23b. ADDRESS <u>1624 Prof Bldg</u>		23c. DATE SIGNED <u>1/28/51</u>	
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24a. DATE OF REMOVAL FROM CEMETERY		24b. DATE <u>Jan 30, 1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Hubbell Hill Cem.</u>	
24d. LOCATION (City, town, or county) (State) <u>Toungaville, Kans.</u>					

DATE REC'D BY LOCAL REG. <u>1-28-51</u>		REGISTRAR'S SIGNATURE <u>Thereldine Holmes</u>		FUNERAL DIRECTOR'S SIGNATURE <u>Quisenberry Funeral Home</u> ADDRESS <u>Toungaville, Mo.</u>	
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(Licensed Embalmer's Signature) H. M. Gilkey

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 *A. Hervey Jusub*

Licensed Embalmer No. *4080*

P. O. Address *Touganopie, La*

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.