No. 300
10-48

1070
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED FEB 19 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 7281

BIRTH NO. _____ REG. DIST. NO. 35-4 PRIMARY REG. DIST. NO. 6199 Registrar's No. _____

1. PLACE OF DEATH
a. COUNTY: TEXAS
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Clinton Twp.
c. LENGTH OF STAY (In this place): 10 yrs.
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: Mo
b. COUNTY: TEXAS
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Clinton Twp. 1070
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Timothy
b. (Middle):
c. (Last): Holland

4. DATE OF DEATH (Month) (Day) (Year): Feb 1 1951

5. SEX: M. O
6. COLOR OR RACE: W.
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): never married (1)
8. DATE OF BIRTH: Nov 10 1882
9. AGE (In years last birthday): 68
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:
11. BIRTHPLACE (State or foreign country): Mayo Co. Ireland
12. CITIZEN OF WHAT COUNTRY?: Naturalized U.S.A.

13a. FATHER'S NAME: Thomas Holland.
13b. MOTHER'S MAIDEN NAME: Mary ?
14. NAME OF HUSBAND OR WIFE: none.

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.: none
17. INFORMANT'S SIGNATURE OR NAME / ADDRESS: From records of old age assistance

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): Coronary Thrombosis

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.

INTERVAL BETWEEN ONSET AND DEATH: 4/201

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

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) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

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: Leslie V. Elliott
(Degree or title): Cor.
23b. ADDRESS: Cabool Mo.
23c. DATE SIGNED: Feb 3-51

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial (1)
24b. DATE: Feb 3-51
24c. NAME OF CEMETERY OR CREMATORY: Cabool
24d. LOCATION (City, town, or county) (State): Texas Co. Mo

DATE REC'D BY LOCAL REG.: Feb 3-51
REGISTRAR'S SIGNATURE: Gaynell Cunningham 325
25. FUNERAL DIRECTOR'S SIGNATURE: Leslie V. Elliott
ADDRESS: Cabool Mo.

(Licensed Embalmer's Statement on Reverse Side)

DIVISION OF HEALTH OF MO.
District No. 5 - [illegible]

RECEIVED FEB 13 1951

Dist. File 251-375

Date Filed 2-14-51

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.

Was not Embalmed

Signed Gaylord V. Elliott

Signed .....
Student Embalmer

Licensed Embalmer No. 2252

P. O. Address Cabool 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.