No. 300
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FILED MAR 19 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 9622

BIRTH NO. _____ REG. DIST. NO. 282 PRIMARY REG. DIST. NO. 5968 Registrar's No. 37

1. PLACE OF DEATH
a. COUNTY: Polk
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Halfway South Benton Twp
c. LENGTH OF STAY (in this place): 56 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 5 Miles South E of Halfway

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Polk
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Halfway South Benton Twp
d. STREET ADDRESS (If rural, give location): 5 Miles South E of Halfway

3. NAME OF DECEASED (Type or Print)
a. (First): Sarah
b. (Middle): Elizabeth
c. (Last): Holdaway

4. DATE OF DEATH (Month) Feb (Day) 18 (Year) 1951

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: June 25 1859
9. AGE (In years last birthday): 91 — IF UNDER 1 YEAR: Months 7 Days 24 — IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Housework
11. BIRTHPLACE (State or foreign country): Polk County O
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Jewel Barham
13b. MOTHER'S MAIDEN NAME: Ann Slagle
14. NAME OF HUSBAND OR WIFE: Dan Holdaway

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME: Paul Holdaway — ADDRESS: Halfway Mo

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): Cerebral Hemorrhage

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Arteriosclerosis
DUE TO (c): Senility

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH: 331 X

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* 1950 *19__, to* Feb 18, 1951, *that I last saw the deceased alive on* Feb. 12, 1951, *and that death occurred at* 1:00 A.M., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Claude O. Gammon O.M.D.
23b. ADDRESS: Buffalo Mo
23c. DATE SIGNED: 2-20-51

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Feb 20 1951
24c. NAME OF CEMETERY OR CREMATORY: Schofield Cemetery
24d. LOCATION (City, town, or county) (State)

DATE REC'D BY LOCAL REG.: Mar. 8, 1951
REGISTRAR'S SIGNATURE: Ralph Gordon per Jewell Gordon
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25. FUNERAL DIRECTOR'S SIGNATURE: Erwin and Blue — ADDRESS: Bolivar Mo

(Licensed Embalmer's Statement on Reverse Side)

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

DIVISION OF HEALTH OF MO.
District No. 5 - Springfield
RECEIVED MAR 14 1951
Dist. File 351-545
Date Filed 3-15-51

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.....

.....

working under my personal supervision.

Student Embalmer No.....

Signed Chy Foster

Signed.....
Student Embalmer

Licensed Embalmer No. 4154

P. O. Address Bolivar, 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.