

FILED APR 30 1951

STANDARD CERTIFICATE OF DEATH

State File No. 15371

BIRTH NO. _____ REG. DIST. NO. 360 PRIMARY REG. DIST. NO. 6225 Registrar's No. 45

1. PLACE OF DEATH a. COUNTY <u>Vernon</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Madison</u>	
b. CITY- (If outside corporate limits, write RURAL and give township) <u>Reynolds Wash. Twp</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Walnut Grove</u>	
c. LENGTH OF STAY (In this place) <u>8-1-56</u>		d. STREET ADDRESS (If rural, give location) <u>0390</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>State Hospital #3</u>			

3. NAME OF DECEASED (Type or Print)		4. DATE OF DEATH	
a. (First)	b. (Middle)	c. (Last)	(Month) (Day) (Year)
<u>GOLDEN HOLMAN</u>			<u>4-13-57</u>

5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>3-9-87</u>	9. AGE (In years last birthday)	IF UNDER 1 YEAR	IF UNDER 1 YEAR	IF UNDER 1 YEAR
				<u>64</u>	Months	Days	Hours Min.
					<u>1</u>	<u>4</u>	

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Teacher</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>	11. BIRTHPLACE (State or foreign country) <u>Walnut Grove Mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Landon Y. King</u>	13b. MOTHER'S MAIDEN NAME <u>Eva Anderson</u>	14. NAME OF HUSBAND OR WIFE <u>Orris L. Holman</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>✓</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Hospital records</u>	ADDRESS
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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		INTERVAL BETWEEN ONSET AND DEATH <u>2 yrs</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary tuberculosis</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>✓</u> DUE TO (c) <u>✓</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>✓</u>			

19a. DATE OF OPERATION <u>✓</u>	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) <u>002X</u>
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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?
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22. I hereby certify that I attended the deceased from 11-18-1949 to 4-13-1957, that I last saw the deceased alive on 4-12-1957, and that death occurred at 8 a.m., from the causes and on the date stated above.

23a. SIGNATURE <u>R. G. Hall MD</u>	(Degree or title)	23b. ADDRESS <u>Levada Mo</u>	23c. DATE SIGNED <u>4-13-57</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>4-15-57</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Greenfield</u>	24d. LOCATION (City, town, or county) (State) <u>Greenfield, Mo</u>
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DATE REC'D BY LOCAL REG. <u>4-16-57</u>	REGISTRAR'S SIGNATURE <u>Anna E. Ferry</u>	451	25. FUNERAL DIRECTOR'S SIGNATURE <u>W.R. Allison</u>	ADDRESS <u>Greenfield Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

080
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DIVISION OF HEALTH OF MO.

District No. 5 - Springfield

RECEIVED APR 23 1934

Dist. File 421-839

Date Filed 4-23-34

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.....

Student Embalmer

Signed

W. R. Allison

Licensed Embalmer No.

4404

P. O. Address

Greenfield 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.