

## STANDARD CERTIFICATE OF DEATH

State File No. **27795**BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **274** PRIMARY REG. DIST. NO. **3052** Registrar's No. **274**

1. PLACE OF DEATH a. COUNTY <b>Pettus 0804</b>		2. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission). a. STATE <b>MO</b> b. COUNTY <b>Pettus</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Sedalia</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Sedalia 0804</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>216 E. Jefferson</b>		d. STREET ADDRESS (If rural, give location) <b>216 E. Jefferson</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>Lester</b>	b. (Middle)	c. (Last) <b>Holliday</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>8-14-1951</b>
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>Negro</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Divorced</b>	8. DATE OF BIRTH <b>9-12-1885</b>	9. AGE (In years last birthday) <b>66</b>	10. UNDER 1 YEAR Months	10. UNDER 1 YEAR Days	10. UNDER 1 YEAR Hours	10. UNDER 1 YEAR Mins.
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10a. USUAL OCCUPATION (Give kind of work done during past year, if retired) <b>porter</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Baker Shop</b>	11. BIRTHPLACE (State or foreign country) <b>Cooper Co MO</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>G. D. Holliday</b>	13b. MOTHER'S MAIDEN NAME <b>Mary Rust</b>	13c. NAME OF HUSBAND OR WIFE <b>Elsie Holliday</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	16. SOCIAL SECURITY NO. <b>.</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Margaret Clay Bunce</b>	ADDRESS <b>Bunce</b>
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral haemorrhage</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Atherosclerosis</b> 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) <b>331X</b>
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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?
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22. I hereby certify that I <sup>viewed</sup> ~~interviewed~~ the deceased ~~person~~ **as former**, ~~is~~ **is**, that I last saw the deceased alive on ~~\_\_\_\_\_~~, 19~~\_\_\_\_\_~~, and that death occurred at **5:30 A** m., from the causes and on the date stated above.

23a. SIGNATURE <b>W. Gordon Sauffel</b> (Degree or title)	23b. ADDRESS <b>Corner of Pettus Co</b>	23c. DATE SIGNED <b>8-16-51</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>8-17-51</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Bunce</b>	24d. LOCATION (City, town, or county) (State) <b>Bunce Cooper MO</b>
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DATE REC'D BY LOCAL REG <b>8-24-1951</b>	REGISTRAR'S SIGNATURE <b>W. Gordon Sauffel</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>A. D. Ferguson</b>	ADDRESS <b>Sedalia MO</b>
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(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED 9-4-51

DISTRICT HEALTH OFFICE No. 3

District File Number \_\_\_\_\_

Date Filed 9-4-51 \_\_\_\_\_

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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

*F. D. Ferguson*

Licensed Embalmer No. 2172

P. O. Address Sedalia

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.