

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1859

State File No.

FILED FEB 13 1952

BIRTH NO. _____ REG. DIST. NO. 174 PRIMARY REG. DIST. NO. 5644 Registrar's No. 11

1. PLACE OF DEATH a. COUNTY <u>Lafayette</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Lafayette</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Lexington, Mo.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Waverly "Rural"</u>	
c. LENGTH OF STAY (in this place) <u>2 yrs.</u>		d. STREET ADDRESS (If rural, give location) <u>2 miles east.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Goodloe Rest Home</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Joseph Myron</u> b. (Middle) <u>Hollis</u> c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) <u>January 25 1952</u>		
--	--	--	---	--	--

5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Sept. 20, 1860</u>	9. AGE (In years last birthday) <u>91</u>	IF UNDER 1 YEAR Months <u>4</u> Days <u>5</u>	IF UNDER 24 HRS. Hours <u>5</u> Min.
--------------------	-------------------------------	--	---	---	--	---

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>retiree</u>	11. BIRTHPLACE (State or foreign country) <u>Chilicothe, Ohio</u>	12. CITIZEN OF WHAT COUNTRY? <u>U. S.</u>
--	---	--	--

13a. FATHER'S NAME <u>James Harvey Hollis</u>	13b. MOTHER'S MAIDEN NAME <u>Velera Mcpheters</u>	14. NAME OF HUSBAND OR WIFE <u>Mary Elizabeth Wegener</u>
--	--	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service) <u>not known</u>	16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Walter Hollis, Waverly, Missouri</u>	ADDRESS
---	--	--	---------

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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pneumonia</u>		INTERVAL BETWEEN ONSET AND DEATH <u>10 Days</u>
	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. <u>Arteriosclerotic heart disease</u>		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>491X</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
------------------------	---	---

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 <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 March 1951, to July 25, 1952, that I last saw the deceased alive on Jan 24, 1952 and that death occurred at 7:30 A.M. from the causes and on the date stated above.

23a. SIGNATURE <u>W. K. Cosens, M.D.</u>	(Degree or title)	23b. ADDRESS <u>Heggsville, Missouri</u>	23c. DATE SIGNED <u>July 31-52</u>
---	-------------------	---	---------------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>1/27/1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Waverly Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Waverly, Lafayette, MO.</u>
--	-------------------------------	---	---

DATE REC'D BY LOCAL REG. <u>67 Feb. 1952</u>	REGISTRAR'S SIGNATURE <u>Wm. Eastabrook</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Alfred B. Brewer</u>	ADDRESS <u>Blue, Mo</u>
---	--	---	----------------------------

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

544

1000
1000

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 *Alfred H. Brown*
Licensed Embalmer No. 2696

P. O. Address Alma, Missouri

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.