

FILED JUN 30 1952

STANDARD CERTIFICATE OF DEATH

State File No. 21255

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

BIRTH NO. _____ REG. DIST. NO. 227 PRIMARY REG. DIST. NO. 5806 Registrar's No. 35

1. PLACE OF DEATH a. COUNTY <u>MONROE</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>MONROE</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>SANTA FE - South Fork</u>	c. LENGTH OF STAY (in this place) <u>5 DYS.</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>SANTA FE - South Fork</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <input checked="" type="checkbox"/>		d. STREET ADDRESS (If rural, give location) <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)		
a. (First) <u>SCOTT</u>	b. (Middle) <u>MARTIN</u>	c. (Last) <u>HOLLAND</u>	<u>June 21, 1952</u>		

5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED 1</u>	8. DATE OF BIRTH <u>JULY 13, 1896</u>	9. AGE (In years last birthday) <u>55</u>	IF UNDER 1 YEAR Months <u>11</u> Days <u>8</u>	IF UNDER 24 HRS. Hours <u>12</u> Min. <u>00</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>AUTOMOBILE DEALER</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>FORD AGENCY</u>	11. BIRTHPLACE (State or foreign country) <u>MISSOURI</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>JOHN HENRY HOLLAND</u>	13b. MOTHER'S MAIDEN NAME <u>EMMA SCOTT</u>	14. NAME OF HUSBAND OR WIFE <u>MARY VIRGINIA HOLLAND</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>YES</u> (If yes, give year or dates of service) <u>W.W. # 1</u>	16. SOCIAL SECURITY NO. <u>493-20-4243</u>	17. INFORMANT'S SIGNATURE OR NAME <u>MRS. SCOTT HOLLAND</u> ADDRESS <u>SANTA FE, MO.</u>
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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, ashenia, 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) <u>Coronary heart Disease</u>		<u>12 hours</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chronic Nephritis</u>		<u>33 years</u>
	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) _____
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	21e. INJURY OCCURRED WHILE AT _____ NOT WHILE _____ WORK <input type="checkbox"/> AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from 11-21-1946, to June 21, 1952, that I last saw the deceased alive on June 19, 1952, and that death occurred at 4:36 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>J.A. Barnett</u> (Degree or title) <u>M.D.</u>	23b. ADDRESS <u>PARIS, MO.</u>	23c. DATE SIGNED <u>6-23-52</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>6-23-52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>LICK CREEK CEM.</u>	24d. LOCATION (City, town, or county) (State) <u>NEAR PERRY, MO.</u>
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DATE REC'D BY LOCAL REG. <u>6-23-52</u>	REGISTRAR'S SIGNATURE <u>J.A. Barnett</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Speed-Blakey</u> ADDRESS <u>PARIS, MISSOURI</u>
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APR 7 1958

FEB 9 1958

JUN 30 1958

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 E. M. Agnew

Licensed Embalmer No. 4000

P. O. Address PARIS, 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.