

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

28394

State File No. _____

FILED AUG 27 1952

BIRTH NO. 76527 REG. DIST. NO. 146 PRIMARY REG. DIST. NO. 3026 Registrar's No. 331

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

1. PLACE OF DEATH a. COUNTY <u>Jackson 1</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>Independence</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Independence 0485</u>	
c. LENGTH OF STAY (in this place) <u>3 Mo</u>		d. STREET ADDRESS (If rural, give location) <u>10408 E 29th 0</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1525 Stearns</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Kenneth</u> b. (Middle) <u>Scott</u> c. (Last) <u>Holloway</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Aug 20, 1952</u>	
5. SEX <u>Male 0</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married 0</u>	8. DATE OF BIRTH <u>Nov 21, 1957</u>
9. AGE (In years) (Months) (Days) (Hours) (Min.) <u>0 8 29</u>		10. DATE OF BIRTH	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Child</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Child</u>	
11. BIRTHPLACE (City and State or Foreign Country) <u>Kansas City, Mo 0</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Kenneth J. Holloway</u>		13b. MOTHER'S MAIDEN NAME <u>Gurmett J. Hogan</u>	
14. NAME OF HUSBAND OR WIFE _____			
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>None</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Kenneth J. Holloway</u>		ADDRESS <u>Indep. Mo.</u>	
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hydrocephalus</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Stenosis of Aqueduct of Sylvius</u> DUE TO (c) <u>Congenital Malformation</u> 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, <u>752X</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) _____		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 _____, 19____, to _____, 19____, that I last saw the deceased alive on <u>8-20</u> , 19 <u>52</u> , and that death occurred at <u>5:00 pm.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>D. P. Lockwell M. D.</u>		23b. ADDRESS <u>11037 Wiggins Rd. Indep.</u>	
23c. DATE SIGNED <u>8-20-52</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Aug 21-1952</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Lanlock Cem</u>		24d. LOCATION (City, town, or county) (State) <u>Hardin, Mo</u>	
DATE REC'D BY LOCAL REG. <u>8-21-52</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u>		ADDRESS <u>Indep 240</u>	

AUG 25 RECD

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 Ellie Kessel

Licensed Embalmer No. 4690

P. O. Address Independence, 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.