No. 300
10.48

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

FILED DEC 2 1952

# THE DIVISION OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

State File No. 40308

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 10053

**1. PLACE OF DEATH**
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis
c. LENGTH OF STAY (in this place): 9 weeks
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Missouri Pacific Hosp.

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sedalia 0804
d. STREET ADDRESS (If rural, give location): 508 East 11th st.

**3. NAME OF DECEASED** (Type or Print)
a. (First): LON
b. (Middle):
c. (Last): HOLLAND

**4. DATE OF DEATH** (Month) (Day) (Year): 10 30 52

**5. SEX**: male 0

**6. COLOR OR RACE**: white

**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify): Widowed

**8. DATE OF BIRTH**: 11-18-1884

**9. AGE** (In years last birthday): 67
IF UNDER 1 YEAR: Months | Days
IF UNDER 24 HRS.: Hours | Min.

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired): retired boiler worker

**10b. KIND OF BUSINESS OR INDUSTRY**: Railroad

**11. BIRTHPLACE** (City and State or Foreign Country): Glasgow, Mo.

**12. CITIZEN OF WHAT COUNTRY?**: USA

**13a. FATHER'S NAME**: Samuel Holland

**13b. MOTHER'S MAIDEN NAME**: Martha Wien

**14. NAME OF HUSBAND OR WIFE**: Maude Holland

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown): no
(If yes, give war or dates of service)

**16. SOCIAL SECURITY NO.**: unknown

**17. INFORMANT'S SIGNATURE OR NAME** ADDRESS: Mildred Hammond, Sedalia, Mo.

**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.*

**MEDICAL CERTIFICATION**

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CIRRHOSIS OF LIVER — INTERVAL BETWEEN ONSET AND DEATH: 6 mons

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.* ARTERIO SCLEROTIC HEART DISEASE ?

**19a. DATE OF OPERATION**: 10/2/52

**19b. MAJOR FINDINGS OF OPERATION**: CIRRHOSIS OF LIVER

**20. AUTOPSY?** YES ☐ NO ☑

**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 ☐ NOT WHILE AT WORK ☐

**21f. HOW DID INJURY OCCUR?** 5810

22. *I hereby certify that I attended the deceased from* Sept 27, 1952, *to* Oct 30, 1952, *that I last saw the deceased alive on* Oct 29, 1952, *and that death occurred at* 4 AM *m., from the causes and on the date stated above.*

**23a. SIGNATURE** (Degree or title): John T. Vandiver MD

**23b. ADDRESS**: 1504 So Grand

**23c. DATE SIGNED**: 10/30/52

**24a. BURIAL, CREMATION, REMOVAL** (Specify): removal

**24b. DATE**: 10-31-52

**24c. NAME OF CEMETERY OR CREMATORY**:

**24d. LOCATION** (City, town, or county) (State): Sedalia, Mo.

DATE REC'D BY LOCAL REG.: NOV 1 1952

REGISTRAR'S SIGNATURE: H Carl Smith M.D.

**25. FUNERAL DIRECTOR'S SIGNATURE** ADDRESS: McLaughlin F.H., Sedalia, Mo.

(Licensed Embalmer's Statement on Reverse Side)

4 m

1952

## 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 Ben E. Hoffman

Licensed Embalmer No. 4366 -

P. O. Address St Louis 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.