

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

State File No. **42095**

**FILED DEC 24 1952**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **134** PRIMARY REG. DIST. NO. **4208** Registrar's No. **22**

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

<b>1. PLACE OF DEATH</b>				<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission).			
a. COUNTY <b>Harrison</b>		c. LENGTH OF STAY (in this place) <b>All life</b>		a. STATE <b>Missouri</b>		b. COUNTY <b>Harrison</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Cainsville</b>		d. FULL NAME OF HOSPITAL OR INSTITUTION		c. CITY (If outside corporate limits, write RURAL and give township) <b>Cainsville</b>		d. STREET ADDRESS (If rural, give location)	
<b>3. NAME OF DECEASED</b>				<b>4. DATE OF DEATH</b>			
a. (First) <b>Susan</b>		b. (Middle) <b>Caroline</b>		c. (Last) <b>Holland</b>		d. DATE OF DEATH (Month) (Day) (Year) <b>November 29 1952</b>	
<b>5. SEX</b> <b>Female</b>		<b>6. COLOR OR RACE</b> <b>White</b>		<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)</b> <b>Widowed</b>		<b>8. DATE OF BIRTH</b> <b>June 20 1861</b>	
<b>9. AGE</b> (In years last birthday) <b>91</b>		<b>10. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <b>Homemaker</b>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <b>Own home</b>		<b>11. BIRTHPLACE</b> (State or foreign country) <b>Harrison Co., Missouri</b>	
<b>12. CITIZEN OF WHAT COUNTRY?</b> <b>U. A. S.</b>		<b>13a. FATHER'S NAME</b> <b>William Riley Bain</b>		<b>13b. MOTHER'S MAIDEN NAME</b> <b>Elizabeth Elliott</b>		<b>14. NAME OF HUSBAND OR WIFE</b> <b>Sherman Holland (Deceased)</b>	
<b>15. WAS DECEASED EVER IN U. S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		<b>16. SOCIAL SECURITY NO.</b> <b>None</b>		<b>17. INFORMANT'S SIGNATURE OR NAME</b> <b>Hazel Bain</b>			
<b>18. CAUSE OF DEATH</b> 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.				<b>MEDICAL CERTIFICATION</b>			
<b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <b>Pulmonary Edema</b>				<b>INTERVAL BETWEEN ONSET AND DEATH</b> <b>10 days</b>			
<b>ANTECEDENT CAUSES</b> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				<b>DUE TO (b)</b> <b>Fracture of left hip, with</b>		<b>3 weeks</b>	
				<b>DUE TO (c)</b> <b>Following shock.</b>			
<b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death.				<b>Senility</b>		<b>2 years</b>	
<b>19a. DATE OF OPERATION</b>		<b>19b. MAJOR FINDINGS OF OPERATION</b>				<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input type="checkbox"/>	
<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)		<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)		<b>21c. (CITY, TOWN, OR TOWNSHIP)</b> <b>n41</b>		<b>(COUNTY)</b> <b>n41</b>	
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) (m.)		<b>21e. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		<b>21f. HOW DID INJURY OCCUR?</b>			
<b>22. I hereby certify that I attended the deceased from <u>Nov-10-</u>, 1952, to <u>Nov-17</u>, 1952, that I last saw the deceased alive on <u>Nov-17</u>, 1952, and that death occurred at <u>3:00 Pm.</u>, from the causes and on the date stated above.</b>							
<b>23a. SIGNATURE</b> <i>Asphed C. Taff</i>				<b>23b. ADDRESS</b> <b>D. O. Cainsville, Mo.</b>		<b>23c. DATE SIGNED</b> <b>12/1/52</b>	
<b>24a. BURIAL, CREMATION, REMOVAL (Specify)</b> <b>Burial</b>		<b>24b. DATE</b> <b>Dec. 1, 1952.</b>		<b>24c. NAME OF CEMETERY OR CREMATORY</b> <b>Zoar Cemetery</b>		<b>24d. LOCATION</b> (City, town, or county) (State) <b>Cainsville, Mo.</b>	
<b>DATE REC'D BY LOCAL REG.</b> <b>Nov. 9-1952</b>		<b>REGISTRAR'S SIGNATURE</b> <i>S. Oha Shaw 117-</i>		<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <i>[Signature]</i>		<b>ADDRESS</b> <b>Cainsville, Mo.</b>	

**STATEMENT BY LICENSED EMBALMER**

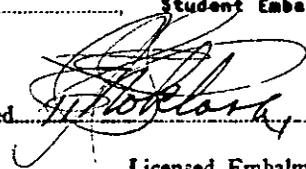
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, of Mo.

Eddie J. Stoklasa

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Signed \_\_\_\_\_



Signed \_\_\_\_\_  
Student Embalmer

Licensed Embalmer No. 3602

P. O. Address Gainsville, 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.