

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

State File No. 1971

FILED JAN-31 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 164 PRIMARY REG. DIST. NO. 8032 Registrar's No. 16

0512

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

1. PLACE OF DEATH a. COUNTY <b>Johnson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Johnson</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Warrensburg</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rural 0510</b>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>Warrensburg Medical Center</b>		d. STREET ADDRESS (If rural, give location) <b>Chilhowee Mo.</b>	

3. NAME OF DECEASED (Type or Print) <b>Fred</b>	a. (First) <b>Fred</b>	b. (Middle) <b>Thomas</b>	c. (Last) <b>Holland</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>Jan 17 1953</b>
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Dec. 27 1889</b>	9. AGE (In years last birthday) <b>63</b>	IF UNDER 1 YEAR Months <b>0</b> Days <b>21</b>	IF UNDER 2 HRS. Hours <b></b> Min. <b></b>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <b>Chilhowee Missouri</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A</b>
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13a. FATHER'S NAME <b>George W. Holland</b>	13b. MOTHER'S MAIDEN NAME <b>Anna Evans</b>	14. NAME OF HUSBAND OR WIFE <b>Jane Holland</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>	16. SOCIAL SECURITY NO. <b>X</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Jane Holland</b> ADDRESS <b>Chilhowee Mo.</b>
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <b>3 Yrs</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Mitral Heart Disease</b>		
	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.			

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) <b>410 X</b>
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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?
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22. I hereby certify that I attended the deceased from **1-1**, 19**45**, to **1-17**, 19**53**, that I last saw the deceased alive on **1-17**, 19**53**, and that death occurred at **4:25 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE <b>R. Lee Cooper</b> (Degree or title) <b>M.D.</b>	23b. ADDRESS <b>Warrensburg Mo.</b>	23c. DATE SIGNED <b>1-20-53</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>1-19-53</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Chilhowee</b>	24d. LOCATION (City, town, or county) (State) <b>Chilhowee Mo.</b>
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DATE REC'D BY LOCAL REG. <b>Jan 20, 1953</b>	REGISTRAR'S SIGNATURE <b>Savannah Crutcher</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Cook</b> ADDRESS <b>Funeral Home Chilhowee Mo</b>
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RECEIVED  
JAN 26 1953  
RECEIVED

JOHNSON COUNTY HEALTH DEPT.

FEB 8 1953

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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed.....  
Student Embalmer

Signed J. W. Cook

Licensed Embalmer No. 4335

P. O. Address Chilhowee 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.