

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

State File No. 1972

FILED FEB 9 1953

BIRTH NO. _____ REG. DIST. NO. 164 PRIMARY REG. DIST. NO. 2032 Registrar's No. 10

0512
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <u>Johnson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Johnson</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Warrensburg, Mo.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Warrensburg, Missouri</u>	
c. LENGTH OF STAY (in this place) <u>60yrs.</u>		d. STREET ADDRESS (If rural, give location) <u>454 East Market St.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Warrensburg Medical Center</u>			

3. NAME OF DECEASED (Type or Print), a. (First) <u>Laura</u> b. (Middle) <u>Ella</u> c. (Last) <u>Holloway</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>I-29-1953</u>		
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widow</u>	8. DATE OF BIRTH <u>August 24, 1874</u>	9. AGE (In years last birthday) <u>78</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 10 HRS. Hours _____ Mins. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Alton, Illinois.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
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13a. FATHER'S NAME <u>James K. Polk.</u>		13b. MOTHER'S MAIDEN NAME <u>Nancy Cummings.</u>		14. NAME OF HUSBAND OR WIFE <u>Daniel Sherman Holloway</u>	
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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) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mr. Curtis Holloway, Warrensburg,</u>		ADDRESS <u>Warrensburg,</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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral thrombosis</u> INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u> ANTECEDENT CAUSES <u>Arricular fibrillation</u> DUE TO (b) _____ DUE TO (c) _____ Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>6 months</u>	
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19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>4331</u>		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) _____	
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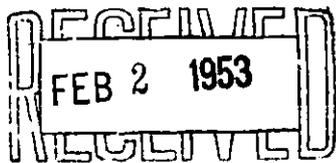
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____	
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22. I hereby certify that I attended the deceased from 12-15 1952 to I-29-, 1953, that I last saw the deceased alive on I-29-, 1953 and that death occurred at 4 A. m., from the causes and on the date stated above.

23a. SIGNATURE <u>R. Lee Cooper</u> (Degree or title) <u>M.D.</u>		23b. ADDRESS <u>Warrensburg, Missouri.</u>		23c. DATE SIGNED <u>I-30-53</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>I-31-53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Sunset Hill Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Warrensburg, Mo.</u>	
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DATE REC'D BY LOCAL REG. <u>Jan 30, 1953</u>		REGISTRAR'S SIGNATURE <u>Savannah Cutchbee</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>W. B. ...</u> ADDRESS <u>Warrensburg, Mo.</u>	
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JOHNSON COUNTY HEALTH DEPT.

MAR 1 1963

MAR 6 1963

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 me

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed RA B. Bunniger

Licensed Embalmer No. 3377

P. O. Address Warrensburg 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.