

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **18637**

FILED JUN 15 1953

BIRTH NO. 37573 REG. DIST. NO. 187 PRIMARY REG. DIST. NO. 3040 Registrar's No. 86

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

1. PLACE OF DEATH a. COUNTY <u>Livingston</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Grundy</u>		
b. CITY OR TOWN <u>Chillicothe</u>		c. LENGTH OF STAY (In this place) <u>1 hour</u>	c. CITY OR TOWN <u>Laredo</u>		d. STREET ADDRESS (If rural, give location) <u>0400</u> <u>1</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Chillicothe Hospital</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>Farnest</u> b. (Middle) <u>Lee</u> c. (Last) <u>Holloway</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>June 9 1953</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>	8. DATE OF BIRTH <u>June 9 1953</u>	9. AGE (In years last birthday) <u>7</u>	IF UNDER 1 YEAR: Months <u>7</u> Days <u>9</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>CHLD</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>-</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Chillicothe Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>Gene Tunney Holloway</u>		13b. MOTHER'S MAIDEN NAME <u>Betty Hammons</u>		14. NAME OF HUSBAND OR WIFE <u>NONE</u>	
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>Gene Tunney Holloway</u> ADDRESS <u>Laredo</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>Premature Birth 6 Mo</u>			INTERVAL BETWEEN ONSET AND DEATH <u>3 hrs</u>		
ANTECEDENT CAUSES Morbidity 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 <u>776 X</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 <u>6-9</u> , 1953, to <u>6-9</u> , 1953, that I last saw the deceased alive on <u>6-9</u> , 1953, and that death occurred at <u>9:30 a.m.</u> , from the causes and on the date stated above.					
23a. SIGNATURE <u>M. C. ...</u> (Degree or title) <u>D.O.</u>			23b. ADDRESS <u>Chillicothe Mo</u>		23c. DATE SIGNED <u>6-9-53</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>June 10 1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Laredo</u>		24d. LOCATION (City, town, or county) (State) <u>Laredo Mo</u>	
DATE REC'D BY LOCAL REG. <u>6-10-53</u>		REGISTRAR'S SIGNATURE <u>Travis B. Meil</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>E. J. Robertson</u> ADDRESS <u>Funeral Home Laredo Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

J. M. Robertson

..... Licensed Embalmer No. *4388*

..... P. O. Address *Laredo 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.