

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **27580**

FILED SEP 2 - 1953

BIRTH NO. _____		REG. DIST. NO. 1	PRIMARY REG. DIST. NO. 3400	Registrar's No. 218
1. PLACE OF DEATH a. COUNTY Adair		2. USUAL RESIDENCE (Where deceased lived, or if institution: residence before admission). a. STATE Missouri b. COUNTY Chuyler		
b. CITY (If outside corporate limits, write RURAL and give OR TOWN) Kirksville		c. LENGTH OF STAY (In this place)	c. CITY OR TOWN Greentop	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION K.O.H.		e. STREET ADDRESS (If rural, give location) Greentop		
3. NAME OF DECEASED (Type or Print) a. (First) Earl		b. (Middle) W	c. (Last) Holland	4. DATE OF DEATH (Month) (Day) (Year) Aug. 28, 1953
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH July 29, 1891	9. AGE (In years last birthday) 62
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farming	11. BIRTHPLACE (City and State or Foreign, Country) Adair County, Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME Charles W. Holland		13b. MOTHER'S MAIDEN NAME Annie Crow	14. NAME OF HUSBAND OR WIFE Ida Black Holland	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Ida Holland, Greentop, 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) CORONARY ARTERIAL Occlusion ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. Arteriosclerotic Heart Disease 12 minutes with left ventricular weakness DUE TO (b) _____ DUE TO (c) 4200 II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Urinary Obstructions		INTERVAL BETWEEN ONSET AND DEATH
19a. DATE OF OPERATION 8-13-53	19b. MAJOR FINDINGS OF OPERATION Enlarged Prostate Gland with Hemorrhage		20. AUTOPSY? YES <input checked="" 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) (Min.)	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 8-12-53 , 19____, to 8-28-53 , 19____, that I last saw the deceased alive on 8-28-53 , 19____, and that death occurred at 12:20 P. m. , from the causes and on the date stated above.				
23a. SIGNATURE (Degree or title) V. Galmarczyk, D.O.		23b. ADDRESS Kirksville, Mo.		23c. DATE SIGNED 8-28-53
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 8/30/53	24c. NAME OF CEMETERY OR CREMATORY Ft. Madison	24d. LOCATION (City, town, or county) (State) Adair County, Mo.	
DATE REC'D BY LOCAL REG. 8-30-53	REGISTRAR'S SIGNATURE Walter Lambert	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Kirksville, Mo.		

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

SEP 4 1958

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.....
Signature of Student Embalmer

Signed *George W. Davel*
Licensed Embalmer No. *4799*
P. O. Address *Kirkville*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.