

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

27793

State File No.

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 979

1. PLACE OF DEATH a. COUNTY Buchanan			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Buchanan		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph		c. LENGTH OF STAY (In this place) 40 yrs.	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph 0117		
d. FULL NAME OF HOSPITAL OR INSTITUTION 2608 Renick St.			d. STREET ADDRESS (If rural, give location) 2608 Renick St. 0		

3. NAME OF DECEASED (Type or Print) a. (First) RALPH		b. (Middle) CHESTNUT		c. (Last) HOLLAND		4. DATE OF DEATH (Month) (Day) (Year) Sept. 1, 1953		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Dec. 28, 1890		9. AGE (In years last birthday) 62	IF UNDER 1 YEAR Month 0 Day 0	IF UNDER 24 HRS. Hours 0 Min. 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Deputy County Assessor			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Frazer, Missouri		12. CITIZEN OF WHAT COUNTRY? USA	

13a. FATHER'S NAME Ellridge Holland		13b. MOTHER'S MAIDEN NAME Martha Chestnut		14. NAME OF HUSBAND OR WIFE Verda Holland	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. 500-07-4714		17. INFORMANT'S SIGNATURE OR NAME Mrs. Verda Holland ADDRESS 2608 Renick St., City	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
<p>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</p>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypernephroma, Right				5 mos.	
		ANTECEDENT CAUSES					
		DUE TO (b) _____ DUE TO (c) _____				3 mos.	
II. OTHER SIGNIFICANT CONDITIONS Metastatic Carcinoma spine & lung Conditions contributing to the death but not related to the disease or condition causing death.							

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 180X			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) m.		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 Mar 23, 1953, to Sept 1, 1953, that I last saw the deceased alive on Aug 19, 1953, and that death occurred at 9:30A m., from the causes and on the date stated above.

23a. SIGNATURE <i>R. C. Senne</i> (Degree or title) 0		23b. ADDRESS 207 Phys & Surg Bldg., City		23c. DATE SIGNED 9-1-53	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Sept 3, 1953		24c. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery	
				24d. LOCATION (City, town, or county) (State) St. Joseph, Mo.	

DATE REC'D BY LOCAL REG. Sept 9, 1953		REGISTRAR'S SIGNATURE <i>Eather M. Allison</i>		FUNERAL DIRECTOR'S SIGNATURE <i>Neaton Bowman</i> ADDRESS Funeral Home, St. Joseph, Mo.	
--	--	--	--	--	--

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

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 _____

Eugene Wood

Licensed Embalmer No. 3804

P. O. Address 319 So 10th, J. D. [unclear]

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.