No. 300
10-48

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 30939

FILED OCT 13 1953

BIRTH NO. _____ REG. DIST. NO. 4 PRIMARY REG. DIST. NO. 4014 Registrar's No. 77

1. PLACE OF DEATH
a. COUNTY: Atchison
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Tarkio
c. LENGTH OF STAY (in this place): 30 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 910 Walnut

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Atchison
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Tarkio 0030
d. STREET ADDRESS (If rural, give location): 910 Walnut 0

3. NAME OF DECEASED (Type or Print)
a. (First): Nancy
b. (Middle): Plummer
c. (Last): Holloway

4. DATE OF DEATH (Month) (Day) (Year): Sept. 27, 53

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Feb. 11, 1874
9. AGE (In years last birthday): 79 — IF UNDER 1 YEAR: Months 7, Days 16 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: own home
11. BIRTHPLACE (State or foreign country): Tarkio, Mo.
12. CITIZEN OF WHAT COUNTRY?: US

13a. FATHER'S NAME: Bernard McMahonv
13b. MOTHER'S MAIDEN NAME: Mellissa
14. NAME OF HUSBAND OR WIFE: Alfred M. Holloway

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.: None
17. INFORMANT'S SIGNATURE OR NAME: Nancy Sue Holloway — ADDRESS: Washington, DC

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) Cerebro-vascular accident — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Advanced arteriosclerotic cardio-
DUE TO (c) vascular disease

II. OTHER SIGNIFICANT CONDITIONS: Post operative - fracture, rt hip
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 7/20/53
19b. MAJOR FINDINGS OF OPERATION: Fracture - neck - right femur 4221 F
20. AUTOPSY? YES ☐ NO ☑

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 7/17/53, 19___, *to* 9/27/53, 19___, *that I last saw the deceased alive on* 9/27/53, 19___, *and that death occurred at* 3:15 Pm., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): C. G. Niedermeyer M.D.
23b. ADDRESS: Tarkio, Mo.
23c. DATE SIGNED: Oct. 1, 195

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Oct. 1, 1953
24c. NAME OF CEMETERY OR CREMATORY: Home Cemetery
24d. LOCATION (City, town, or county) (State): Tarkio Missouri

DATE REC'D BY LOCAL REG.: 10/7/1953
REGISTRAR'S SIGNATURE: Mabel A. Schuler, Dep. Reg. 445-0
25. FUNERAL DIRECTOR'S SIGNATURE: Davis Funeral Home — ADDRESS: Tarkio, M.

(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 Fred A. Browning

Licensed Embalmer No. 3338

P. O. Address Tarkio, 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.