

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **31588**

FILED OCT 14 1953

BIRTH NO. _____		REG. DIST. NO. <u>132</u>		PRIMARY REG. DIST. NO. <u>5476</u>		Registrar's No. <u>132</u>	
1. PLACE OF DEATH a. COUNTY <u>Grundy</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Grundy</u>			
b. CITY OR TOWN <u>Trenton Lincoln</u>		c. LENGTH OF STAY (in this place) <u>Life</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Trenton Rural 0400</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Road</u>				d. STREET ADDRESS (If rural, give location) <u>Lincoln Twp.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>MARGARET</u> b. (Middle) <u>ELLEN</u> c. (Last) <u>HOLLOWAY</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>9-17-1953</u>				
5. SEX <u>f</u>		6. COLOR OR RACE <u>w</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widow</u>		8. DATE OF BIRTH <u>1-11-1871</u>	
9. AGE (In years last birthday) <u>82</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		9. AGE (In years last birthday) <u>82</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) _____		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>Grundy Co Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>John W. Langstroth</u>		13b. MOTHER'S MAIDEN NAME <u>Leborah Parker</u>		14. NAME OF HUSBAND OR WIFE <u>Mr. J. R. Rawlett</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknowns) _____		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mr. J. R. Rawlett Trenton Mo</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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Bacterial pneumonia</u> ANTECEDENT CAUSES DUE TO (b) <u>Senility</u> DUE TO (c) <u>Arteriosclerosis</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				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) _____	
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>1-24-</u> , 19 <u>53</u> , to <u>9-17-</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>9-17-</u> , 19 <u>53</u> and that death occurred at <u>6:50 P</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>Mr. A. J. Rawlett M.D.</u> (Degree or title)				23b. ADDRESS <u>Trenton Mo.</u>		23c. DATE SIGNED <u>9-18-53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>9-20-53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Honey Creek Chapel</u>		24d. LOCATION (City, town, or county) (State) <u>Trenton Mo</u>	
DATE REC'D BY LOCAL REG. <u>9-20-53</u>		REGISTRAR'S SIGNATURE <u>Shirley Davis</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Ph Payne</u>		ADDRESS <u>San Galt Mo</u>	

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

PK Payne Jr

Licensed Embalmer No. *3400*

P. O. Address *Salt*

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.