

FILED OCT 5 1953

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. **32578**

BIRTH NO. _____ REG. DIST. NO. **274** PRIMARY REG. DIST. NO. **3052** Registrar's No. **296**

1. PLACE OF DEATH a. COUNTY Pettis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Benton	
b. CITY (If outside corporate limits, write RURAL and give township) Sedalia		c. CITY (If outside corporate limits, write RURAL and give township) WARSAW	
c. LENGTH OF STAY (In this place) 2 Weeks		d. STREET ADDRESS (If rural, give location) 0060	
d. FULL NAME OF HOSPITAL OR INSTITUTION Bothwell Hosp.			

3. NAME OF DECEASED (Type or Print) a. (First) Lucy b. (Middle) MABEL c. (Last) Holley		4. DATE OF DEATH (Month) (Day) (Year) Sept 26, 1953	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH Dec 30, 1880
9. AGE (In years last birthday) 73		10. KIND OF BUSINESS OR INDUSTRY Home	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		11. BIRTHPLACE (State or foreign country) Benton Co MO	
13a. FATHER'S NAME Robert Gentry		13b. MOTHER'S MAIDEN NAME Milinda Sanburn	
13c. NAME OF HUSBAND OR WIFE George Seldon Holley		14. CITIZEN OF WHAT COUNTRY? U.S.A	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no	16. SOCIAL SECURITY NO. no	17. INFORMANT'S SIGNATURE OR NAME George Seldon Holley	
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.		19. DATE OF OPERATION E9030	

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary Embolism		INTERVAL BETWEEN ONSET AND DEATH 6 Hours
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Enter trochanteric Fracture left Hip 19 days		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION 20	19b. MAJOR FINDINGS OF OPERATION E9030	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) Home	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) WARSAW Benton MO
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Sept 13 1953 m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? Fell in Bath tub.

22. I hereby certify that I attended the deceased from **13 Sept, 1953**, to **26 Sept, 1953**, that I last saw the deceased alive on **25 Sept, 1953**, and that death occurred at **1:35 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE David Hollem MD	(Degree or title)	23b. ADDRESS Warsaw Mo	23c. DATE SIGNED 28 Sept 53
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Sept 28, 1953	24c. NAME OF CEMETERY OR CREMATORY Coyard Cemetery	24d. LOCATION (City, town, or county) (State) Benton Co. MO

DATE REC'D BY LOCAL REG. 9-28-53	REGISTRAR'S SIGNATURE A. J. Campbell MD	5. FUNERAL DIRECTOR'S SIGNATURE John F. Reser	ADDRESS Warsaw
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATE OF ILLINOIS
DEPARTMENT OF HEALTH

FEB 5
1955

JAN 18 1955

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 John J. Reser
Licensed Embalmer No. 4098

P. O. Address Warsaw

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.