

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **32580**

FILED SEP 21 1953

REG. DIST. NO. 274 PRIMARY REG. DIST. NO. 3052 Registrar's No. 281

<b>1. PLACE OF DEATH</b> a. COUNTY <b>Pettis</b> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Sedalia</b> c. LENGTH OF STAY (in this place) <b>60 days</b> d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Bothwell Hospital</b>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission.) a. STATE <b>Missouri</b> b. COUNTY <b>Pettis</b> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rural-6 mi. So. Sweet</b> d. STREET ADDRESS (If rural, give location) <b>Spring</b>	
<b>3. NAME OF DECEASED</b> (Type or Print) <b>Alice Rhodes Holloway</b> a. (First) <b>Alice</b> b. (Middle) <b>Rhodes</b> c. (Last) <b>Holloway</b>		<b>4. DATE OF DEATH</b> <b>Sept 14, 1953</b> (Month) (Day) (Year)	
<b>5. SEX</b> <b>Female</b>	<b>6. COLOR OR RACE</b> <b>White</b>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> <b>Widow</b>	<b>8. DATE OF BIRTH</b> <b>January 13, 1880</b> (Month) (Day) (Year)
<b>9. AGE</b> (in years) <b>73</b> (last birthday)	<b>10. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <b>Housewife</b>	<b>10b. KIND OF BUSINESS OR INDUSTRY</b>	<b>11. BIRTHPLACE</b> (City and State or Foreign Country) <b>Pettis County, Missouri</b>
<b>12. CITIZEN OF WHAT COUNTRY?</b> <b>US</b>	<b>13a. FATHER'S NAME</b> <b>Asbury Rhodes</b>	<b>13b. MOTHER'S MAIDEN NAME</b> <b>Mary Francis Rhodes</b>	<b>14. NAME OF HUSBAND OR WIFE</b> <b>John Holloway</b>
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>	<b>16. SOCIAL SECURITY NO.</b> <b>none</b>	<b>17. INFORMANT'S SIGNATURE OR NAME</b> <b>E.M. Rhodes, Knob Knoster, Mo</b>	
<b>18. CAUSE OF DEATH</b> 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.	<b>MEDICAL CERTIFICATION</b> <b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <b>Hypertensive Cardiovascular disease</b>  <b>ANTECEDENT CAUSES</b> <b>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</b>  <b>II. OTHER SIGNIFICANT CONDITIONS</b> <b>Conditions contributing to the death but not related to the disease or condition causing death.</b>		<b>INTERVAL BETWEEN ONSET AND DEATH</b> <b>5 yrs.</b>
<b>19a. DATE OF OPERATION</b> <b>No.</b>	<b>19b. MAJOR FINDINGS OF OPERATION</b>  <b>443 X</b>		<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)	<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)	<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b> <b>Sedalia Mo</b>	
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour)	<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	<b>21f. HOW DID INJURY OCCUR?</b>	
<b>22. I hereby certify that I attended the deceased from 7-13, 1953, to Sept 14, 1953, that I last saw the deceased alive on Sept 13, 1953, and that death occurred at 4:55 A.M., from the causes and on the date stated above.</b>			
<b>23a. SIGNATURE</b> <b>John E. Kanny M.D.</b> (Degree or title)		<b>23b. ADDRESS</b> <b>111 West 4th Sedalia Mo</b>	<b>23c. DATE SIGNED</b> <b>9/14/53</b>
<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <b>Burial</b>	<b>24b. DATE</b> <b>Sept. 16, 1953</b>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <b>Fairview Cemetery</b>	<b>24d. LOCATION</b> (City, town, or county) (State) <b>Sweet Springs, Mo</b>
<b>DATE REC'D BY LOCAL REG.</b> <b>9-14-53</b>	<b>REGISTRAR'S SIGNATURE</b> <b>J. Campbell M.D.</b>	<b>REGISTERING OFFICER'S SIGNATURE</b> <b>J. Tucker Sweet Springs Mo</b>	

(Licensed Embalmer's Statement on Reverse Side)

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

Dr. Kanny

**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 L. F. Parker

Licensed Embalmer No. 3840

P. O. Address Sweet Springs, 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.