

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

41831

FILED DEC 1-1953

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 337 PRIMARY REG. DIST. NO. 4499 Registrar's No. 98

1. PLACE OF DEATH a. COUNTY <u>Shelby County</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. <u>Shelby</u>	
b. CITY OR TOWN <u>Shelbina</u>	c. LENGTH OF STAY (in this place) <u>10 yrs.</u>	c. CITY OR TOWN <u>Shelbina</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>None</u>		e. STREET ADDRESS (If rural, give location) <u>X</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>THOMAS</u> b. (Middle) <u>EDWIN</u> c. (Last) <u>HOLLIDAY</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>11-16-1953</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>4-20-1883</u>	9. AGE (In years last birthday) <u>70</u>	If UNDER 1 YEAR: Months <u>6</u> Days <u>28</u> Hours <u>0</u> Min. <u>0</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Same</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Shelby Co. Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>

13a. FATHER'S NAME <u>James Holliday</u>		13b. MOTHER'S MAIDEN NAME <u>Sarah Tingle</u>		14. NAME OF HUSBAND OR WIFE <u>Ella Holliday</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) (If yes, give exact dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>X</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Ella Holliday, Shelbina, 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>Coronary occlusion</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Coronary thrombosis</u> DUE TO (c) <u>Coronary heart disease</u>  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Cerebral Thrombosis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>Immediate</u> <u>1945-1953</u> <u>Not Known</u> <u>1951-1953</u>	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>4201</u>		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) (Min.)		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 Dec 2, 1953, to Nov 16, 1953, that I last saw the deceased alive on Nov 16, 1953, and that death occurred at 11:30A m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Cladya Laine Co</u>		23b. ADDRESS <u>Shelbina Mo</u>		23c. DATE SIGNED <u>Nov. 21, 1953</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>11-18-1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>I.O.O.F.</u>		24d. LOCATION (City, town, or county) (State) <u>Shelbyville, Mo.</u>	

DATE REC'D BY LOCAL REG. <u>11-25-53</u>	REGISTRAR'S SIGNATURE <u>Ada Garrison</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Barkeley-Hawkins, Shelbina, Mo.</u>		
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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.....  
Signature of Student Embalmer

Signed..... *W. H. Lewis*

Licensed Embalmer No. *3498*

P. O. Address..... *St. Albans, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.