

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **2268**

FILED FEB 1 1954

BIRTH NO. _____ REG. DIST. NO. **274** PRIMARY REG. DIST. NO. **3052** Registrar's No. **69**

1. PLACE OF DEATH a. COUNTY Pettis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo b. COUNTY Benton	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Sedalia		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN WARSAW (Rural)	
c. LENGTH OF STAY (in this place) 12 days		d. STREET ADDRESS (If rural, give location) 0080 1	
d. FULL NAME OF HOSPITAL OR INSTITUTION Bothwell Hosp.			

3. NAME OF DECEASED (Type or Print) a. (First) George b. (Middle) Seldon c. (Last) Holley			4. DATE OF DEATH (Month) (Day) (Year) Jan 23, 1954		
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5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH June 14, 1881	9. AGE (In years last birthday) 72	IF UNDER 1 YEAR Months 7 Days 9	IF UNDER 1 Mth. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming	10b. KIND OF BUSINESS OR INDUSTRY Farm owner	11. BIRTHPLACE (State or foreign country) Benton Co., Mo	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME George W. Holley	13b. MOTHER'S MAIDEN NAME Christina Bird	14. NAME OF HUSBAND OR WIFE _____
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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. none	17. INFORMANT'S SIGNATURE OR NAME Doyle Holley Warsaw, Mo	ADDRESS _____
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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		INTERVAL BETWEEN ONSET AND DEATH 7 Days 7 Days
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Intestinal Obstruction		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Strangulated Hernia DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION 22 JAN 54	19b. MAJOR FINDINGS OF OPERATION STRANGULATED HERNIA - LEFT.	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) 5615
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____
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22. I hereby certify that I attended the deceased from **3 Feb**, 1951, to **23 JAN**, 1954, that I last saw the deceased alive on **22 JAN**, 1954, and that death occurred at **9:10 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Edward Glenn M.D.	23b. ADDRESS WARSAW, MO	23c. DATE SIGNED 25 JAN 54
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Jan 25, 1954	24c. NAME OF CEMETERY OR CREMATORY Concord Cemetery	24d. LOCATION (City, town, or county) (State) Benton Co., Mo
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DATE REC'D BY LOCAL REG. 1/25/54	REGISTRAR'S SIGNATURE A. J. Campbell M.D.	25. FUNERAL DIRECTOR'S SIGNATURE John J. Riser	ADDRESS Warsaw
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(Licensed Embalmer's Statement on Reverse Side)

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

JAN 18 1956

FEB 5

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.