

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **8030**

FILED MAR 22 1954

BIRTH NO. _____ REG. DIST. NO. 64 PRIMARY REG. DIST. NO. 5247 Registrar's No. 20

0210
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <u>Chariton</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Chariton</u>	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Rural Salisbury</u>		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Rural Salisbury</u>	
c. LENGTH OF STAY (in this place) <u>7 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>2 1/2 mi. S.W. of Salisbury</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>2 1/2 mi. S.W. of Salisbury</u>		d. STREET ADDRESS (If rural, give location) <u>2 1/2 mi. S.W. of Salisbury</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Emery</u> b. (Middle) <u>Spear</u> c. (Last) <u>Holland</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>March 18 1954</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>May 6 - 1881</u>
9. AGE (in years) (last birthday) <u>72</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Lawrenceville Georgia</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>Farm</u>	
11. BIRTHPLACE (City and State or Foreign Country) <u>Lawrenceville Georgia</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Henry Harrison Holland</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Ellen Davis</u>	
14. NAME OF HUSBAND OR WIFE <u>Lena Hausserman Holland</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	
16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Lena Holland</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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic Myocarditis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cancer of Left Jaw</u> DUE TO (c) <u>Fractured Hip</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>196X F</u>	
19c. INTERVAL BETWEEN ONSET AND DEATH <u>5 yrs</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) <u>Salisbury Mo</u>		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>3-7</u> , 19 <u>54</u> , to <u>3-18</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>3-18</u> , 19 <u>54</u> , and that death occurred at <u>10 P</u> m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>W. Stewart M.D.</u>		23b. ADDRESS <u>Salisbury Mo</u>	
23c. DATE SIGNED <u>3/19/54</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	
24b. DATE <u>3-21-1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>City Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Salisbury Mo</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Chas. B. Winkelmeyer</u>	
DATE REC'D BY LOCAL REG. <u>3-19-54</u>		REGISTRAR'S SIGNATURE <u>W. Stewart</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Chas. B. Winkelmeyer</u>		ADDRESS <u>Salisbury Mo.</u>	

APR 1 1954

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, by

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed Chas B Winkelman

Licensed Embalmer No. 3842

P. O. Address Salisbury, 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.