

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

BIRTH NO. FILED MAR 30 1954 REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2001 Registrar's No. 130

1. PLACE OF DEATH a. COUNTY JASPER		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death.) a. STATE MISSOURI b. COUNTY JASPER	
b. CITY OR TOWN JOPLIN		c. CITY OR TOWN ASBURY	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION GENERAL HOSP.		e. STREET ADDRESS (If rural, give location) R.F.D. #1 8490	
3. NAME OF DECEASED (Type or Print) a. (First) LOUIS b. (Middle) HOLLY c. (Last) HOLLY		4. DATE OF DEATH (Month) (Day) (Year) MARCH 20 1954	
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) NEVER MARRIED	8. DATE OF BIRTH DEC 7-1943 10 YRS
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) NONE		10b. KIND OF BUSINESS OR INDUSTRY NONE	11. BIRTHPLACE (City and State - Foreign Country) YATES CENTER, KANS.
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME DALE HOLLEY	
13b. MOTHER'S MAIDEN NAME EDITH CHRISMAN		14. NAME OF HUSBAND OR WIFE NONE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give year or date of service) NO		16. SOCIAL SECURITY NO. NONE	
17. INFORMANT'S SIGNATURE OR NAME DALE HOLLEY		ADDRESS ASBURY, MO	
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) Shot Gun wound by party INTERVAL BETWEEN ONSET AND DEATH ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) no parties unknown DUE TO (c) (Coroner's jury verdict)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION E981 X	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) HOMICIDE		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) HOME	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) JASPER JASPER MO			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 3-20-54 6:30 PM		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
21f. HOW DID INJURY OCCUR? SHOT GUN WOUND ABDOMEN AND GREAT VESSELS.			
22. I hereby certify that I attended the deceased from (DO NOT, I DID NOT ATTEND) , 19___, that I last saw the deceased alive on ____, 19___, and that death occurred at ____ m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) Walter W. Cornwell, Jr., Coroner Jasper County, Missouri		23b. ADDRESS 210 State Bldg. - Joplin Mo	
23c. DATE SIGNED 8/23/54			
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE MAR 24 54	
24c. NAME OF CEMETERY OR CREMATORY OZARK MEM CEM		24d. LOCATION (City, town, or county) (State) JOPLIN, MISSOURI	
DATE REC'D BY LOCAL REG. 3-25-54		REGISTRAR'S SIGNATURE James B. HURIBUT-GLOVER	
25. FUNERAL DIRECTOR'S SIGNATURE James B. HURIBUT-GLOVER		ADDRESS JOPLIN	

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED MAR 29 1955
Jasper County Health Office
County File Number 24-3-2
Date Filed MAR 29 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.....
Signature of Student Embalmer

Signed..... Dale Glover

Licensed Embalmer No. 45

P. O. Address..... Joseph

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.