

No. 300
10.48

FILED JUL 14 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

181799

State File No.

BIRTH NO. _____ REG. DIST. NO. 389 PRIMARY REG. DIST. NO. 5173 Registrar's No. 14

1. PLACE OF DEATH a. COUNTY <u>Callaway</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Callaway</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Summit Twp.</u>		c. LENGTH OF STAY (In this place) <u>0</u>	c. CITY OR TOWN <u>Holts Summit</u>
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Point 2 1/2 Mile East N. Jeff.</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
		e. STREET ADDRESS (If rural, give location) <u>RFD 1</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Alfred</u>	b. (Middle) <u>Preston</u>	c. (Last) <u>Holliday</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>June 27 1954</u>
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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>Mar. 29/1862</u>	9. AGE (In years last birthday) <u>92</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 2 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Farmer</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Shannon County Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>unknown Holliday</u>	13b. MOTHER'S MAIDEN NAME <u>Unknown</u>	14. NAME OF HUSBAND OR WIFE <u>Tobiathia Holliday</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) <u>no</u>	16. SOCIAL SECURITY NO. <u>no</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Arthur Holliday</u>	ADDRESS <u>902 Munroe Jeff City</u>
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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
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Extreme POH Brain</u>		<u>0</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Skull Torn off</u> DUE TO (c) _____		<u>0</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<u>Leg Severed 4 Inches Above Ankle (Left)</u>	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>RR Track</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Summit Twp. Callaway Missouri</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>6 27 54 7:20 AM</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Struck by Train</u>
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22. I hereby certify that I attended the deceased from 19, to 19, that I last saw the deceased alive on 19, and that death occurred at 7:20 AM, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Dorothy L. Brown Deputy Coroner</u>	23b. ADDRESS <u>Fulton Missouri</u>	23c. DATE SIGNED <u>6/28/54</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>JUNE 29/54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>UNION HILL</u>	24d. LOCATION (City, town, or county) (State) <u>HOLTS SUMMIT MO</u>
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DATE REC'D BY LOCAL REG. <u>July 5-54</u>	REGISTRAR'S SIGNATURE <u>LeRoy Claypool</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Dulle Funeral Home</u>	ADDRESS <u>Jefferson City</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

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: *Sylvester Dulle*.....

Licensed Embalmer No. *432*.....

P. O. Address *Jefferson*.....

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.