

FILED JUN 22 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **19737**
Registrar's No. **25**

BIRTH NO. _____ REG. DIST. NO. **236** PRIMARY REG. DIST. NO. **5818**

1. PLACE OF DEATH a. COUNTY Morgan		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Morgan	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Moreau Township		c. CITY OR TOWN Versailles	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. LENGTH OF STAY (in this place) 21 yrs		e. STREET ADDRESS (If rural, give location) 4 N. N. E. Versailles, Mo. 0 210	
d. FULL NAME OF HOSPITAL OR INSTITUTION: 4 N. N. E. Versailles			

3. NAME OF DECEASED (Type or Print) a. (First) Madison b. (Middle) Hampton c. (Last) Holloway			4. DATE OF DEATH (Month) (Day) (Year) June 16, 1954		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Jan. 27, 1881	9. AGE (In years last birthday) 73	IF UNDER 1 YEAR 4 Months 19 Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Retired	11. BIRTHPLACE (City and State or Foreign Country) Camden Co., Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME John Mason Holloway		13b. MOTHER'S MAIDEN NAME Ardeena Manuel		14. NAME OF HUSBAND OR WIFE Clara Belle Newell	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Mrs Al Silvey Versailles, Mo. ADDRESS	

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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Anaplastic Carcinoma of cervical lymph glands - primary not found		INTERVAL BETWEEN ONSET AND DEATH 16 months
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Advanced arteriosclerosis		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	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) (m.)	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 **Feb.**, 19**53**, to **Jan 16, 1954** that I last saw the deceased alive on **June 16, 1954** and that death occurred at **8:45 am.**, from the causes and on the date stated above.

23a. SIGNATURE Jack Gunn M.D. (Degree or title)	23b. ADDRESS Versailles, Mo.	23c. DATE SIGNED 6-17-54
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 19 June 54	24c. NAME OF CEMETERY OR CREMATORY Mt. View Cemetery	24d. LOCATION (City, town, or county) (State) Camden Co., Mo.
DATE REC'D BY LOCAL REG. 6-17-54	REGISTRAR'S SIGNATURE J. Washburn 214-0	25. FUNERAL DIRECTOR'S SIGNATURE W. F. Kibbell ADDRESS Versailles, Mo.	

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 *Raymond C. Loder*.....
Licensed Embalmer No. *4620*

P. O. Address *Versailles*

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.