

FILED JUL 13 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 21718

BIRTH NO. _____		REG. DIST. NO. <u>314</u>		PRIMARY REG. DIST. NO. <u>30720</u>		Registrar's No. <u>112</u>		
1. PLACE OF DEATH a. COUNTY <u>Saline</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Saline</u>				
b. CITY (If outside corporate limits, write RURAL and give town) <u>Marshall, Mo.</u>		c. LENGTH OF STAY (In this place township) <u>3 Weeks</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Marshall</u>		0972		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Good Will Rest Home</u> <u>871 So. Redman St.</u>				d. STREET ADDRESS (If rural, give location) <u>465 W. Arrow</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>Betty</u> b. (Middle) <u>-</u> c. (Last) <u>Hollywood</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>July 5 1954</u>					
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>		8. DATE OF BIRTH <u>Jan. 7-1869</u>		
9. AGE (In years last birthday) <u>85</u>		IF UNDER 1 YEAR Months <u>6</u> Days <u>28</u>		IF UNDER 24 HRS. Hours <u>0</u> Min. <u>0</u>				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Matron at Missouri State School</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>State School</u>			11. BIRTHPLACE (State or foreign country) <u>Marshall, Missouri</u>		
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			13a. FATHER'S NAME <u>Bernard Hollywood</u>		13b. MOTHER'S MAIDEN NAME <u>Catherine Gallagher</u>		14. NAME OF HUSBAND OR WIFE _____	
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>Miss Isabel McGinley-Kansas City, Mo.</u> 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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hypostatic pneumonia</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Paralysis of</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Hypertension</u>				INTERVAL BETWEEN ONSET AND DEATH <u>2 1/2 hours</u> <u>6 PM.</u> <u>7</u>		
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) (Min.) _____		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>3:30</u> , 19 <u>54</u> , to <u>7-5-</u> , 19 <u>54</u> , that I last saw the deceased alive on _____, 19____, and that death occurred at <u>10:45</u> m., from the causes and on the date stated above.								
23a. SIGNATURE <u>Isabel McGinley</u> (Degree or title) _____				23b. ADDRESS <u>Marshall, Mo.</u>		23c. DATE SIGNED <u>7/6/54</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Buried</u>		24b. DATE <u>7/2/54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Bridge Park</u>		24d. LOCATION (City, town, or county) (State) <u>Marshall, Mo.</u>		
DATE REC'D BY LOCAL REG. <u>7-6-54</u>		REGISTRAR'S SIGNATURE <u>Sidney F. Gray</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>J. Lecky Sweeney</u>		ADDRESS <u>Marshall, Mo.</u>		

(Licensed Embalmer's Statement on Reverse Side)

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

OCT 19 1937

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

J. Leslie Murray

Licensed Embalmer No. *2225*

P. O. Address

9 Marshall

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.