

FILED JUL 21 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

22552

State File No.

BIRTH NO. _____		REG. DIST. NO. <u>96</u>		PRIMARY REG. DIST. NO. <u>4158</u>		Registrar's No. <u>47</u>			
1. PLACE OF DEATH a. COUNTY <u>DALLAS</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Dallas</u>					
b. CITY (If outside corporate limits, write RURAL and give township) <u>BUFFALO</u>		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN <u>Buffalo</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION				e. STREET ADDRESS (If rural, give location) <u>0300</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>OPAL VAN BUREN HOLLAND</u> b. (Middle) _____ c. (Last) _____			4. DATE OF DEATH (Month) (Day) (Year) <u>7-15-1954</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>8-19-1917</u>			
9. AGE (In years last birthday) <u>36</u>		10. MONTHS <u>10</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Dallas Co Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Truck Driver</u>		10b. KIND OF BUSINESS OR INDUSTRY		13a. FATHER'S NAME <u>Carl Holland</u>		13b. MOTHER'S MAIDEN NAME <u>Theresa Caughron</u>			
13c. NAME OF HUSBAND OR WIFE <u>Glady's</u>		14. NAME OF HUSBAND OR WIFE		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO. _____			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Glady's Holland</u>		17. 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>Chronic Pulmonary Tuberculosis</u> 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.				INTERVAL BETWEEN ONSET AND DEATH <u>4 yrs</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? <u>002X</u> 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>1950</u> , 19 <u> </u> , to <u>7-15</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>7-12</u> , 19 <u>54</u> , and that death occurred at _____ m., from the causes and on the date stated above.									
23a. SIGNATURE <u>V. O. Gammann</u> (Degree or title)				23b. ADDRESS <u>W 9 Buffalo Mo.</u>		23c. DATE SIGNED <u>7-19-54</u>			
24a. BURIAL, CREMA-REMOVAL (Specify) <u>Removed</u>		24b. DATE <u>7-18-1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Reverview</u>		24d. LOCATION (City, town, or county) (State) <u>Dallas Co Mo</u>			
25. REC'D BY LOCAL REG. <u>7/19/54</u>		REGISTRAR'S SIGNATURE <u>Mrs Isaac Patrick</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>B. Jones</u>		ADDRESS <u>Buffalo Mo</u>			

(Licensed Embalmers' Statement on Reverse Side)

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

JUL 29 1953

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 *Oby Jester*.....
Licensed Embalmer No. *413*

P. O. Address *Bolivar,*

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.