

FILED SEP 8 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

27959

State File No.

BIRTH NO. _____		REG. DIST. NO. <u>156</u>		PRIMARY REG. DIST. NO. <u>2001</u>		Registrar's No. <u>424</u>	
1. PLACE OF DEATH a. COUNTY JASPER				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY JASPER			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN JOPLIN		c. LENGTH OF STAY (in this place) 26 YRS		c. CITY OR TOWN JOPLIN		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 (If not in hospital or institution, give street address or location) 1912 VIRGINIA AVE.				e. STREET ADDRESS (If rural, give location) 1912 VIRGINIA AVE. 0495			
3. NAME OF DECEASED (Type or Print) a. (First) LILLIE b. (Middle) ALICE c. (Last) HOLLOWELL			4. DATE OF DEATH (Month) (Day) (Year) AUG. 24, 1954				
5. SEX F	6. COLOR OR RACE W.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) NEVER MARRIED	8. DATE OF BIRTH DEC. 25, 1870		9. AGE (In years last birthday) 83	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEKEEPER		10b. KIND OF BUSINESS OR INDUSTRY HOMEMAKING		11. BIRTHPLACE (City and State or Foreign Country) C GREENE COUNTY, MO.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME MACK HOLLOWELL		13b. MOTHER'S MAIDEN NAME MARY E. GRANTHAM		14. NAME OF HUSBAND OR WIFE -----			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS CLAUDE HOLLOWELL, 1912 VIRGINIA AVE.			
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) Cardio-vascular-renal disease 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 12-25-40 to time of death
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 442X					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)		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>12-25</u> , <u>1940</u> , to <u>8-24</u> , <u>1954</u> , that I last saw the deceased alive on <u>8-7-54</u> , <u>1954</u> and that death occurred at <u>2:45 pm.</u> , from the causes and on the date stated above.							
23a. SIGNATURE OF _____ (Dr. M. D. Degree or title)				23b. ADDRESS 321 Frisco Building, Joplin, Missouri		23c. DATE SIGNED 8-26-54	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 8-26-54	24c. NAME OF CEMETERY OR CREMATORY FAIRVIEW CEMETERY		24d. LOCATION (City, town, or county) (State) JOPLIN, MISSOURI		
DATE REC'D BY LOCAL REG. 8-30-54		REGISTRAR'S SIGNATURE By Robert Lampkin		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS STEVE PARKER MORTUARY, JOPLIN, MO.			

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED SEP 7 1954
Jasper County Health Office
County File Number 54-9-74
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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 *F. M. Jones*.....
Licensed Embalmer No. *231*

P. O. Address *Joplin*.....

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.