

THE DIVISION OF HEALTH OF MISSOURI,
STANDARD CERTIFICATE OF DEATH

State File No. **28020**

No. 300
10-48

FILED SEP 10 1954

BIRTH NO. _____ REG. DIST. NO. 157 PRIMARY REG. DIST. NO. 5589 Registrar's No. 180

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 Rt. # 3 Carthage, Mo		c. CITY OR TOWN Rt. # 3 Carthage	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) 10 Yr.		STREET ADDRESS (If rural, give location) Rt. # 3 Carthage, Mo.	
d. FULL NAME OF HOSPITAL OR INSTITUTION Union Twp.			

3. NAME OF DECEASED (Type or Print) a. (First) Mary b. (Middle) Adeline c. (Last) Holland			4. DATE OF DEATH (Month) (Day) (Year) Aug. 29, 1954			
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Sept. 3, 1872	9. AGE (In years last birthday) 81	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY None	11. BIRTHPLACE (City and State or Foreign Country) Rogersville, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	

13a. FATHER'S NAME Jesse Rogers Eddings		13b. MOTHER'S MAIDEN NAME Ellen Holland		14. NAME OF HUSBAND OR WIFE W.A. Holland (Deceased)	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Everett Holland ADDRESS Rt. 3 Carthage, Mo	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) acute cholecystitis with perforation		resulting pe ritonitis		9 days	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES			
		Arboid 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.			

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)		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 21 Aug '54, 1954, to 29 Aug '54 1954, that I last saw the deceased alive on 29 Aug '54, 1954, and that death occurred at 10:00 p.m. from the causes and on the date stated above.

23a. SIGNATURE <i>W.E. Bond M.D.</i>		(Degree or title) M.D.		23b. ADDRESS Carthage Mo		23c. DATE SIGNED 20 Aug '54	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 9-1-1954		24c. NAME OF CEMETERY OR CREMATORY Holland Cemetery		24d. LOCATION (City, town, or county) (State) Rogersville Missouri	

DATE REC'D BY LOCAL REG. 8-30-54		REGISTRAR'S SIGNATURE <i>Ervin M. Clinton</i>		25. FUNERAL DIRECTOR'S SIGNATURE The Ulmer Funeral Home ADDRESS Carthage, Mo	
---	--	---	--	--	--

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

SEP 9 19

RECEIVED

Jasper County Health Office

County File Number 54-9-7

Date Filed SEP 9 19

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 *William B. Cantrell*

Licensed Embalmer No. 482

P. O. Address *Carthage*

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.