

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

4484

FILED OCT 7 1954

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. _____

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| 1. PLACE OF DEATH a. COUNTY <u>Jackson</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Bates</u> | |
| b. CITY OR TOWN <u>Kansas City</u> | c. LENGTH OF STAY (in this place) <u>3 mos.</u> | c. CITY OR TOWN <u>Butler</u> | d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/> |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Veterans Administration Hospital</u> | | STREET ADDRESS (If rural, give location) <u>414 West Adams</u> | |

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| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Roy</u> b. (Middle) <u>Dode</u> c. (Last) <u>Holland</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>September 22, 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>April 2, 1896</u> | 9. AGE (In years last birthday) <u>58</u> | IF UNDER 1 YEAR Months _____ Days _____ |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Postmaster</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Postoffice</u> | 11. BIRTHPLACE (City and State or Foreign Country) <u>Appleton City, Missouri</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> |

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| 13a. FATHER'S NAME <u>Frank Holland</u> | 13b. MOTHER'S MAIDEN NAME <u>Alma Adamson</u> | 14. NAME OF HUSBAND OR WIFE <u>Faye Holland</u> |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>Yes</u> | (If yes, give war or dates of service) <u>WW I</u> | 16. SOCIAL SECURITY NO. <u>Unknown</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>Official Records VA Hospital, K.C., Mo.</u> | ADDRESS _____ |
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| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>* 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> | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) <u>Massive gastrointestinal hemorrhage</u> | | <u>2 days</u> |
| | ANTECEDENT CAUSES * Forbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Large duodenal ulcer</u> DUE TO (c) _____ | | <u>10 years</u> |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Bronchogenic carcinoma of lung w/</u> | | <u>1 year</u> | |

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| 19a. DATE OF OPERATION _____ | 19b. MAJOR FINDINGS OF OPERATION <u>cerebral metastases - less than year</u> | 20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> |
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| 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) |
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| 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? _____ |
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22. I hereby certify that I attended the deceased from June 16, 1954, to September 22, 1954, that I had seen him/deceased daily by 1954 and that death occurred at 3:10a m., from the causes and on the date stated above.

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| 23a. SIGNATURE (Degree or title) <u>C.C. Young M.D.</u> | 23b. ADDRESS <u>c. c. young MVAH, K.C., Mo.</u> | 23c. DATE SIGNED <u>9-22-54</u> |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u> | 24b. DATE <u>9-22-54</u> | 24c. NAME OF CEMETERY OR CREMATORY _____ | 24d. LOCATION (City, town, or county) (State) <u>Butler, Missouri</u> |
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| DATE REC'D BY LOCAL REG. <u>9-22-54</u> | REGISTRAR'S SIGNATURE <u>Neva Minshall</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>STINE & McCLURE UND. CO.</u> | ADDRESS <u>K.C. MO.</u> |
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

OCT 7 1954

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 *Gerald A. Burger*

Licensed Embalmer No. 476

P. O. Address *K.C. Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.