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FILED NOV 10 1954

# THE DIVISION OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

33169

State File No. 548

BIRTH NO. _____ REG. DIST. NO. 43 PRIMARY REG. DIST. NO. 3007 Registrar's No. _____

**1. PLACE OF DEATH**
a. COUNTY: But ler
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Poplar Bluff, Mo.
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Poplar Bluff, Hospital

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE: Mo.
b. COUNTY: Butler
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Poplar Bluff 0124
d. STREET ADDRESS (If rural, give location): 644 Poplar St. 0

**3. NAME OF DECEASED** (Type or Print)
a. (First): Lloyd
b. (Middle): Edward
c. (Last): Holloway

**4. DATE OF DEATH** (Month) (Day) (Year): Oct. 25, 1954

**5. SEX**: Male 0
**6. COLOR OR RACE**: White
**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify): Married
**8. DATE OF BIRTH**: Aug. 14, 1895
**9. AGE** (In years last birthday): 59
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): Druggist
**10b. KIND OF BUSINESS OR INDUSTRY**: Drug store
**11. BIRTHPLACE** (State or foreign country): Harrisburg, Ill.
**12. CITIZEN OF WHAT COUNTRY?**: U.S.
**13a. FATHER'S NAME**: Sterling O. Holloway
**13b. MOTHER'S MAIDEN NAME**: Miranda E. Mor se
**14. NAME OF HUSBAND OR WIFE**: Verna Martin Holloway
**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown): No
(If yes, give war or dates of service)
**16. SOCIAL SECURITY NO.**:
**17. INFORMANT'S SIGNATURE OR NAME** ADDRESS: Mrs. Holloway Poplar Bluff, Mo.

**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, asthenia, etc. It means the disease, injury, or complication which caused death.*

**MEDICAL CERTIFICATION**

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Multiple Hemorrhages — INTERVAL BETWEEN ONSET AND DEATH: 3 days

ANTECEDENT CAUSES — DUE TO (b) From Nose, Throat & Stomach — 3 months

*Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*

DUE TO (c) Cirrhosis of Liver.

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death* Undulant Fever —

**19a. DATE OF OPERATION**:
**19b. MAJOR FINDINGS OF OPERATION**: 5810
**20. AUTOPSY?** YES ☐ NO ☑

**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) m.:
**21e. INJURY OCCURRED** WHILE AT WORK ☐ NOT WHILE AT WORK ☐
**21f. HOW DID INJURY OCCUR?**:

22. *I hereby certify that I attended the deceased from* Sept, 1954, *to* 25 Oct, 1954 *that I last saw the deceased alive on* 25 Oct, 1954, *and that death occurred at* 6:40P m., *from the causes and on the date stated above.*

**23a. SIGNATURE** (Degree or title): C. A. Dickerson M.D.
**23b. ADDRESS**: 321 Oak Poplar Bluff Mo
**23c. DATE SIGNED**: 30 Oct 54

**24a. BURIAL, CREMATION, REMOVAL** (Specify): Burial
**24b. DATE**: 10-28-54
**24c. NAME OF CEMETERY OR CREMATORY**: Woodlawn Cem.
**24d. LOCATION** (City, town, or county) (State): Poplar Bluff, Mo.

DATE REC'D BY LOCAL REG.: 11/3/54
REGISTRAR'S SIGNATURE: O. H. Mintree
**25. FUNERAL DIRECTOR'S SIGNATURE** ADDRESS: Frank-Cotrell Poplar Bluff, Mo.

489-0 (Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
NOV 8 . 1954
BUTLER CO. HEALTH CENTER

FILE No._____

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_____

_____, working under my personal supervision.

Student Embalmer No._____

Signed_____
Student Embalmer

Signed Wallace R. Knight

Licensed Embalmer No. 4514

P. O. Address Poplar Bluff - 412 Vine

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.