

S. No. 300
V. 10.48

FILED JAN 6 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

41994

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 290 PRIMARY REG. DIST. NO. 4427 Registrar's No. 144

850

1. PLACE OF DEATH a. COUNTY <u>Pulaski</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>pulaski</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Waynesville, Mo</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Crocker, Missouri</u> <u>0850</u>	
c. LENGTH OF STAY (in this place) <u>3 days</u>		d. STREET ADDRESS (If rural, give location) <u>Star Rt.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Waynesville General Hosp.</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>John</u> b. (Middle) <u>Thomas</u> c. (Last) <u>Holycross</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 25, 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>March 11/1868</u>	9. AGE (In years last birthday) <u>86</u>	IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Chemois, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>

13a. FATHER'S NAME <u>Shepard Holycross</u>	13b. MOTHER'S MAIDEN NAME <u>Adelia Hale</u>	14. NAME OF HUSBAND OR WIFE <u>Margaret McNeal</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Margaret Holycross</u> ADDRESS <u>Crocker, Mo</u>
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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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardiac failure</u>		<u>2 1/2 hrs</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>acute coronary occlusion</u> DUE TO (c) <u>arteriosclerotic heart disease</u>		<u>36 hrs</u> <u>years</u>
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"/>
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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) m.	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 1952 to Dec 9 54, 1954, that I last saw the deceased alive on Dec 25, 1954, and that death occurred at 9:20 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>R. E. Mussen MD</u>	23b. ADDRESS <u>Waynesville, Missouri</u>	23c. DATE SIGNED <u>Dec 27 54</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Dec. 28/54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Freedom Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Iberia, Missouri Rural</u>
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DATE REC'D BY LOCAL REG. <u>12-27-54</u>	REGISTRAR'S SIGNATURE <u>Paula Gray Anderson</u> 458	25. FUNERAL DIRECTOR'S SIGNATURE <u>Walter Richland</u> ADDRESS <u>Hedges Funeral Home Crocker, Mo</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

Date Filed 1-3-55
File Number

Pulaski County Health Officer

RECEIVED 12-27-54

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
Student Embalmer

Signed Clarence Jones

Licensed Embalmer No. 4896

P. O. Address Waynesville, N.C.

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