

STANDARD CERTIFICATE OF DEATH

State File No.

FILED JAN 4 1955

BIRTH NO. _____		REG. DIST. NO. <u>360</u>		PRIMARY REG. DIST. NO. <u>3076</u>		Registrar's No. <u>225</u>	
1. PLACE OF DEATH a. COUNTY <u>Vernon</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE <u>Missouri</u> b. COUNTY <u>St. Francis</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Nevada</u>		c. LENGTH OF STAY (If in this place) <u>8da.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Flat River</u>		0942	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Nevada City Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>111 East Main</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>Arther</u>		b. (Middle) <u>Henry</u>		c. (Last) <u>Holley</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 24, 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>Feb. 14, 1882</u>		9. AGE (In years last birthday) <u>72</u>		IF UNDER 1 YEAR Months Days		IF UNDER 12 Hrs. Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>retired</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Lead Minner</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>William Holley</u>		13b. MOTHER'S MAIDEN NAME <u>Amy Price</u>		14. NAME OF HUSBAND OR WIFE <u>Nora Holley</u>			
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>493-03-9272</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. A.H. Holley 615 W. Cherry Nevada, Mo.</u>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
<p>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</p>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral vascular Accident</u>				<u>9 days</u>	
		ANTECEDENT CAUSES				?	
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertension</u> DUE TO (c) <u>Arteriosclerosis</u>				?	
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)		331X	
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>12-13, 1954</u> , to <u>12-24, 1954</u> , that I last saw the deceased alive on <u>12-24, 1954</u> , and that death occurred at <u>9 P. m.</u> , from the causes and on the date stated above.							
23. SIGNATURE (Degree or title) <u>A. G. Morris, M.D.</u>				23b. ADDRESS <u>Nevada, Mo.</u>		23c. DATE SIGNED <u>12/27/54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>12-25-54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>St. Francis Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>St. Francis County - Mo.</u>	
DATE REC'D BY LOCAL REG. <u>12-28-54</u>		REGISTRAR'S SIGNATURE <u>Arma E. Ferry</u> <u>451-0</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Hood Funerla Home Flat River, Missouri</u>			

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

820

JAN 18 1955

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. 502

working under my personal supervision.

Student

Francis C. Marsh
Student Embalmer

Signed

Henry F. Milster

Licensed Embalmer No. 4806

P. O. Address Nevada, Mo

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.