

FILED JAN 25 1955

STANDARD CERTIFICATE OF DEATH

State File No. 2038

BIRTH NO. _____ REG. DIST. NO. 276 PRIMARY REG. DIST. NO. 5945 Registrar's No. 7

1. PLACE OF DEATH a. COUNTY <u>Phelps</u> <u>4</u>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <u>MO</u> b. COUNTY <u>BUTLER</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rurof - n. Dileau</u>	c. LENGTH OF STAY (In this place) <u>6 yrs.</u>	c. CITY OR TOWN <u>Poplar Bluff</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Ferndale Nursing Home</u>		e. STREET ADDRESS (If rural, give location) <u>0124</u>	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) <u>HESTER</u>	b. (Middle) <u>J.</u>	c. (Last) <u>Holliday</u>	(Month) <u>JAN.</u>	(Day) <u>18,</u>	(Year) <u>1955</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>MAR. 3, 1881</u>	9. AGE (In years last birthday) <u>73</u>	IF UNDER 1 YEAR Months <u>3</u> Days <u>15</u> Hours <u>15</u> Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House work</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>BUTLER County, MO</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>

13a. FATHER'S NAME <u>Unknown</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown</u>		14. NAME OF HUSBAND OR WIFE <u>None</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <input checked="" type="checkbox"/>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Ferndale Nursing Home Office - St. James</u>	

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, assthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arteriosclerosis</u> INTERVAL BETWEEN ONSET AND DEATH <u>about 5 years</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Osteo arthritis</u> <u>10 years</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Deformed since childhood</u>	
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19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>7230</u>		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 2-12, 1950, to 1-18, 1955, that I last saw the deceased alive on 1-18, 1955, and that death occurred at 3:00 A. m., from the causes and on the date stated above.

23a. SIGNATURE <u>C. V. Hammler, M.D.</u> (Degree or title)		23b. ADDRESS <u>St. James</u>	23c. DATE SIGNED <u>1-19-55</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Jan 19, 1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Dawson Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>St. James, MO.</u>
DATE REC'D BY LOCAL REG. <u>1-21-1955</u>	REGISTRAR'S SIGNATURE <u>Ruth B. Powell</u> <u>+79</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Oral E. Dickler</u> ADDRESS <u>St James</u>	

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

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 Wt. Embelmed, Student Embalmer No. _____ working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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