

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **4863**
Registrar's No. **537**

FILED MAR 15 1955

BIRTH NO. _____		REG. DIST. NO. 149		PRIMARY REG. DIST. NO. 1002		Registrar's No. 537	
1. PLACE OF DEATH a. COUNTY Jackson				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Arkansas b. COUNTY Crittenden			
b. CITY (If outside corporate limits, write RURAL and give town) Kansas City		c. LENGTH OF STAY (in this place) 1 Day		c. CITY OR TOWN West Memphis		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Joseph's Hospital				STREET ADDRESS (If rural, give location) 80308			
3. NAME OF DECEASED (Type or Print) a. (First) Marie		b. (Middle) G.		c. (Last) HOLLAND		4. DATE OF DEATH (Month) (Day) (Year) 2 6 55	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH July 22, 1913		9. AGE (In years last birthday) 41	IF UNDER 1 YEAR Months 0 Days 5	IF UNDER 24 HRS. Hours 0 Min. 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Bookkeeper		10b. KIND OF BUSINESS OR INDUSTRY A.E. Rains Const Co		11. BIRTHPLACE (City and State or Foreign Country) Harrison, Arkansas		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME T. J. Gray		13b. MOTHER'S MAIDEN NAME Ola Gaither		14. NAME OF HUSBAND OR WIFE Harold Holland			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 129-20-4332		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Mildred Evans, 4804 Westwood Rd, KC, 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 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Constrictive Pericarditis ANTECEDENT CAUSES Generalized fat metabolism Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. Disturbance type undetermined. DUE TO (b) Suppurative endocarditis. 2. OTHER SIGNIFICANT CONDITIONS (c) Suppurative endocarditis Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 7054	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) m.		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 Pathologist , 19____, to 19____ , that I last saw the deceased alive on 19____ , and that death occurred at St. Joseph's Hosp on 6 Feb 55 from the causes and on the date stated above.							
23a. SIGNATURE Russell W. Kerr		(Degree or title) MD		23b. ADDRESS St. Joseph's Hosp		23c. DATE SIGNED 6 Feb 55	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 2-6-55		24c. NAME OF CEMETERY OR CREMATORY Memphis, Tennessee		24d. LOCATION (City, town, or county) (State)	
DATE REC'D BY LOCAL REG. 2-6-55		REGISTRAR'S SIGNATURE Neva Marshall		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Melody-McGilley-Eyler, 1800 Linwood Blvd			

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

REC. 4 1 833

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 Ivan Miller, Student Embalmer No. 50 working under my personal supervision.

Student Ivan E. Miller
Signature of Student Embalmer

Signed [Signature]
Licensed Embalmer No. 2529

P. O. Address [Signature]

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.