

FILED MAY 17 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

15805

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 155 PRIMARY REG. DIST. NO. 3127 Registrar's No. 67

1. PLACE OF DEATH a. COUNTY <b>Jasper</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Jasper</b>	
b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN <b>Webb City, Mo.</b>	c. LENGTH OF STAY (In this place) <b>3 yrs</b>	c. CITY OR TOWN <b>Cartersville, Mo</b>	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 <b>Jane Chinn Hosp.</b>		STREET ADDRESS (If rural, give location) <b>300 W. Wilson St.</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>May</b>		b. (Middle) <b>Holland</b>		c. (Last) <b>Holland</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>May 9 1955</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Never married</b>	8. DATE OF BIRTH <b>Aug. 30 1872</b>		9. AGE (In years last birthday) <b>82</b>	IF UNDER 1 YEAR Months <b>8</b>	IF UNDER 24 HRS. Days <b>9</b> Hours <b>0</b> Min. <b>0</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Owner of General Mercantile Store</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Store</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Grafton West Virginia</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>Daniel Holland</b>		13b. MOTHER'S MAIDEN NAME <b>Katie Croy</b>		14. NAME OF HUSBAND OR WIFE <b>None</b>			

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>	16. SOCIAL SECURITY NO. <b>no</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Bessie Caughenbaugh</b>		ADDRESS <b>Cartersville</b>	
--	-----------------------------------	---	--	-----------------------------	--

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Transition &amp; Rehabilitation</b>			INTERVAL BETWEEN ONSET AND DEATH <b>1 year</b>	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Senile Dementia</b>			DUE TO (c)	
18. 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"/>	
				<b>304 X</b>	

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 1-27, 1952 to 5-9, 1955, that I last saw the deceased alive on 5-8, 1955, and that death occurred at 12:30A, from the causes and on the date stated above.

23a. SIGNATURE <b>M. Gregory</b>	2 (Degree or title) <b>DO</b>	23b. ADDRESS <b>624 1/2 Broadway, Webb City, Mo</b>	23c. DATE SIGNED <b>5/11/55</b>
----------------------------------	-------------------------------	---	---------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>May 11 1955</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Cartersville Cemetery Cartersville, Mo.</b>	24d. LOCATION (City, town, or county) (State)
---	------------------------------	---	---

DATE REC'D BY LOCAL REG. <b>5-11-55</b>	REGISTRAR'S SIGNATURE <b>Mrs. Madeline Switzer</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Johnston-Arnice-Simpson Mortuary</b>	ADDRESS <b>Webb City, Mo.</b>
---	--	--	-------------------------------

(Licensed Embalmer's Statement on Reverse Side)

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

Date Filed MAY 16 1955

SEP 29 1955

JUL 7 1955

JUL 8 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. .... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *Harvey E. Amos*.....

Licensed Embalmer No. *446*

P. O. Address *W.H. City*

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.