

FILED JUN 14 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 15856

BIRTH NO. _____		REG. DIST. NO. 164		PRIMARY REG. DIST. NO. 3032		Registrar's No. 62				
1. PLACE OF DEATH a. COUNTY <b>Johnson</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b>				b. COUNTY <b>Pettis</b>		
b. CITY (If outside corporate limits, write RURAL and give town(ship)) <b>Warrensburg</b>			c. LENGTH OF STAY (in this place) <b>1 Week</b>		c. CITY OR TOWN <b>Rural: LaMonte</b>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>Warrensburg Medical Center</b>				No. STREET ADDRESS (If rural, give location) <b>RFD 2, La Monte</b>				0800 1		
3. NAME OF DECEASED (Type or Print) a. (First) <b>Charles</b>			b. (Middle) <b>Selene</b>		c. (Last) <b>Holland</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>May 26, 1955</b>			
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>July 8, 1883</b>		9. AGE (In years last birthday) <b>71</b>	IF UNDER 1 YEAR Months	IF UNDER 2 HRS. Days	IF UNDER 2 HRS. Hours	IF UNDER 2 HRS. Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired Farmer</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>Stock &amp; Grain</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Pettis County, Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>			
13a. FATHER'S NAME <b>William Alfus Holland</b>			13b. MOTHER'S MAIDEN NAME <b>Clarice Alice Chalfant</b>		14. NAME OF HUSBAND OR WIFE <b>Carrie Lena Holland</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>None</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs. C. S. Holland, RFD 2, LaMonte, Mo</b>					
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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Broncho pneumonia</b>			INTERVAL BETWEEN ONSET AND DEATH <b>7 days</b>					
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  DUE TO (c) _____			<b>491X</b>					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Cerebral Vascular accident</b>			<b>Years</b>					
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)						
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 <b>3-5-1955</b> , to <b>5-26-1955</b> , that I last saw the deceased alive on <b>5-26-1955</b> , and that death occurred at <b>9:30 p. m.</b> , from the causes and on the date stated above.										
23a. SIGNATURE (Degree or title) <b>[Signature]</b>				23b. ADDRESS <b>Warrensburg, Mo.</b>			23c. DATE SIGNED <b>5/28/55</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>May 29, 1955</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Sunset Hill</b>		24d. LOCATION (City, town, or county) (State) <b>Warrensburg, Missouri</b>					
DATE REC'D BY LOCAL REG. <b>May 29, 1955</b>		REGISTRAR'S SIGNATURE <b>[Signature]</b>		147-25 FUNERAL DIRECTOR'S SIGNATURE <b>Sweeney-Phillips, Warrensburg, Mo</b>		ADDRESS				

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED  
JUN 6 1955  
RECEIVED  
JOHNSON COUNTY HEALTH DEPT

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 *J. Earl Priest*.....  
Licensed Embalmer No. *387*

P. O. Address *Warrensburg*

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.