No. 300
10.48

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

FILED JUL 25 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 23054

BIRTH NO. _____ REG. DIST. NO. 231 PRIMARY REG. DIST. NO. ~~3048~~ 7972 Registrar's No. 187

1. PLACE OF DEATH
a. COUNTY: NODAWAY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BURLINGTON JCT
c. LENGTH OF STAY (In this place): 24 YRS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): HOME

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: NODAWAY
c. CITY OR TOWN: BURLINGTON JCT
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☐ YES
e. STREET ADDRESS (If rural, give location): 0740

3. NAME OF DECEASED (Type or Print)
a. (First): SARAH
b. (Middle): MARIA
c. (Last): HOLLIS

4. DATE OF DEATH (Month) (Day) (Year): JULY 14 1955

5. SEX: F
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): WIDOWED
8. DATE OF BIRTH: DEC. 4, 1861
9. AGE (In years last birthday): 93 — IF UNDER 1 YEAR: Months ___ Days 7 — IF UNDER 24 HRS.: Hours 10 Min. ___

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE
10b. KIND OF BUSINESS OR INDUSTRY: /
11. BIRTHPLACE (City and State or Foreign Country): BOSTON, MASS
12. CITIZEN OF WHAT COUNTRY?: US

13a. FATHER'S NAME: JERRY SULLIVAN ~~WILLIAM ROGERS~~
13b. MOTHER'S MAIDEN NAME: SARAH G. ORSEN
14. NAME OF HUSBAND OR WIFE: WILLIAM HOLLIS

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: —
17. INFORMANT'S SIGNATURE OR NAME: MRS E. H. BROWNING — ADDRESS: BURLINGTON JC. 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

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Chronic Myocarditis — INTERVAL BETWEEN ONSET AND DEATH: 2 days.
Hypostatic pneumonia

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c): 4222

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Advanced age

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* May 22, 1955, *to* July 14, 1955, *that I last saw the deceased alive on* July 14, 1955, *and that death occurred at* 10:40 A.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): L. E. Wallace M.D.
23b. ADDRESS: Burlington Jct. Mo.
23c. DATE SIGNED: 7-15-55

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: 7-16-1955
24c. NAME OF CEMETERY OR CREMATORY: OHID CEMETERY
24d. LOCATION (City, town, or county) (State): BURLINGTON JCT MO

DATE REC'D BY LOCAL REG.: 7-22 55
REGISTRAR'S SIGNATURE: Bess Kolb
25. FUNERAL DIRECTOR'S SIGNATURE: [illegible] — **ADDRESS**: Burl. Jct Mo

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No. 29

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.