

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **34841**

FILED NOV 15 1955

Registrar's No. **9034**

BIRTH NO. _____		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1003</b>		Registrar's No. <b>9034</b>	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Greene</b>			
b. CITY (If outside corporate limits, write RURAL and give township) <b>St Louis</b>			c. LENGTH OF STAY (in this place) <b>14 Days</b>	c. CITY (If outside corporate limits, write RURAL and give township) <b>Springfield</b>			0396
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Frisco Hospital</b>				d. STREET ADDRESS (If rural, give location) <b>1623 N Kentwood</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>Charles</b>		b. (Middle) <b>J</b>		c. (Last) <b>Holloway</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Oct 14 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>May 20, 1920</b>		9. AGE (In years last birthday) <b>35</b>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 11 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Brakeman</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Frisco R.R.</b>		11. BIRTHPLACE (State or foreign country) <b>Willow Weldon Springs Mo</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>Charles Holloway</b>		13b. MOTHER'S MAIDEN NAME <b>Lucille N Scanlon</b>		14. NAME OF HUSBAND OR WIFE <b>Mary Holloway Holloway</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>Yes</b>		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <b>W.W.2</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Mary Holloway</b>		ADDRESS <b>Springfield 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, asthenia, etc. It means the disease, injury, or complication which caused death.							
MEDICAL CERTIFICATION							
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebellar Tumor</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) _____							
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.							
19a. DATE OF OPERATION <b>10/12/55</b>		19b. MAJOR FINDINGS OF OPERATION <b>Cerebellar Tumor</b>				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. HOW DID INJURY OCCUR?	
21e. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>					
21. I hereby certify that I attended the deceased from <b>9/10/55</b> , 19 <b>55</b> , to <b>10/14</b> , 19 <b>55</b> , that I last saw the deceased alive on <b>9 P.M. 10/14 1955</b> , and that death occurred at <b>10 P.M.</b> , from the causes and on the date stated above.							
23a. SIGNATURE <b>Louis D. Stephens M.D.</b>		23b. ADDRESS <b>Frisco Hospital Missouri</b>		23c. DATE SIGNED <b>10/15/55</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>10-15-55</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Springfield Mo</b>		24d. LOCATION (City, town, or county) (State)	
DATE REC'D BY LOCAL REG. <b>OCT 17 1955</b>		REGISTRAR'S SIGNATURE <b>J. Earl Smith, M.D.</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Albert H. Hoppe 4700 Washington</b>			

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.....

..... Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed.....

*J. W. Buckley*

Licensed Embalmer No. ....

*3653*

P. O. Address.....

*St Louis Mo*

**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 this body is not embalmed, fact should be so stated above.