

FILED NOV 21 1955

STANDARD CERTIFICATE OF DEATH

DR. THOMPSON
State File No. 36552

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 1026

1. PLACE OF DEATH a. COUNTY GREENE		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY GREENE	
b. CITY (If outside corporate limits, write RURAL and give township) TOWN SPRINGFIELD		c. LENGTH OF STAY (in this place) 17 DAYS	c. CITY OR TOWN SPRINGFIELD
d. FULL NAME OF HOSPITAL OR INSTITUTION ST. JOHN'S HOSP.		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
f. STREET ADDRESS 724 S. NATIONAL		23940	
3. NAME OF DECEASED (Type or Print) a. (First) KATHLEEN b. (Middle) c. (Last) HOLLAND			4. DATE OF DEATH (Month) (Day) (Year) NOV. 16 1955
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH Sept. 3, 1909
9. AGE (In years last birthday) 46		IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY HOUSE	11. BIRTHPLACE (City and State or Foreign Country) <input type="checkbox"/> SPRINGFIELD, MISSOURI
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME R. L. D. TULLY	
13b. MOTHER'S MAIDEN NAME JESSIE ANDERSON		14. NAME OF HUSBAND OR WIFE MASSEY 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. ?	17. INFORMANT'S SIGNATURE OR NAME ADDRESS MASSEY HOLLAND SPRINGFIELD, 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of sigmoid ANTECEDENT CAUSES DUE TO (b) 153x DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Carcinomatosis of abdomen; c spread to liver.	
19a. DATE OF OPERATION APR. 1953		19b. MAJOR FINDINGS OF OPERATION Carcinoma of colon (sigmoid)	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)		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 APR , 19 53 , to Nov 16 , 19 55 , that I last saw the deceased alive on Nov 16 , 19 55 , and that death occurred at 8:40 P.M. , from the causes and on the date stated above.			
23a. SIGNATURE John P. Jerguson M.D.		23b. ADDRESS Springfield, Mo.	23c. DATE SIGNED Nov. 17, 1955
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 11/18/55	24c. NAME OF CEMETERY OR CREMATORY MAPLE PARK CEMETERY
24d. LOCATION (City, town, or county) (State) SPRINGFIELD, MISSOURI		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS SPRINGFIELD, MO.	
DATE REC'D BY LOCAL REG. 11-18-55		REGISTRAR'S SIGNATURE Edith Williamson	

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.....
Signature of Student Embalmer

Signed *Harriet T. Buckley*.....

Licensed Embalmer No. *48*.....

P. O. Address *Springfield*.....

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.