

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **37925**

FILED NOV 29 1955

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 3061 Registrar's No. 346

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

<b>1. PLACE OF DEATH</b> a. COUNTY <u>St. Francois</u>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>St. Francois</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Flat River</u>		c. LENGTH OF STAY (in this place) <u>40 yrs.</u>	c. CITY OR TOWN <u>Flat River</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Cunningham Nursing Home</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
e. STREET ADDRESS (If rural, give location) <u>0940</u>			
<b>3. NAME OF DECEASED</b> (Type or Print) a. (First) <u>Eliza</u> b. (Middle) <u>Holley</u> c. (Last) <u>Holley</u>			<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <u>Nov. 21 1955</u>
<b>5. SEX</b> <u>Female</u>	<b>6. COLOR OR RACE</b> <u>White</u>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <u>Widowed</u>	<b>8. DATE OF BIRTH</b> <u>Nov. 25th 1875</u>
<b>9. AGE</b> (In years last birthday) <u>79</u>		<b>10. IF UNDER 1 YEAR</b> Months <u>11</u> Days <u>26</u>	<b>11. IF UNDER 15 MIN.</b> Hours <u></u> Min. <u></u>
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b>	<b>11. BIRTHPLACE</b> (City and State or Foreign Country) <u>Perry County, Missouri</u>
<b>12. CITIZEN OF WHAT COUNTRY?</b> <u>USA</u>			
<b>13a. FATHER'S NAME</b> <u>George W. Hand</u>		<b>13b. MOTHER'S MAIDEN NAME</b> <u>Lucinda Adams</u>	<b>14. NAME OF HUSBAND OR WIFE</b> <u>William W Holley</u>
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, or unknown) (If yes, give war or dates of service) <u>NO</u>		<b>16. SOCIAL SECURITY NO.</b> <u>None</u>	<b>17. INFORMANT'S SIGNATURE OR NAME</b> <u>Rev. Chester Holley, St. Clair, Mo</u>
<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		<b>MEDICAL CERTIFICATION</b> I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>arteriosclerosis, heart disease</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>arteriosclerosis</u> DUE TO (c) <u>Chronic myocarditis</u>  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>4200</u>	
<b>19a. DATE OF OPERATION</b>		<b>19b. MAJOR FINDINGS OF OPERATION</b>	<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)	<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)	<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b>	
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) m.	<b>21e. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	<b>21f. HOW DID INJURY OCCUR?</b>	
<b>22. I hereby certify that I attended the deceased from <u>11/20/55</u>, 19<u>55</u>, to <u>11/21</u>, 19<u>55</u>, that I last saw the deceased alive on <u>11/20</u>, 19<u>55</u>, and that death occurred at <u>7:24</u> a.m., from the causes and on the date stated above.</b>			
<b>23a. SIGNATURE</b> (Degree or title) <u>Paul J Jones MD</u>		<b>23b. ADDRESS</b> <u>Flat River, Mo</u>	<b>23c. DATE SIGNED</b> <u>11/23/55</u>
<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <u>Burial</u>	<b>24b. DATE</b> <u>11/23/55</u>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <u>Parkview Cemetary</u>	<b>24d. LOCATION</b> (City, town, or county) (State) <u>Farmington, Missouri</u>
<b>DATE REC'D BY LOCAL REG.</b> <u>Nov. 23, 1955</u>	<b>REGISTRAR'S SIGNATURE</b> <u>Esther Redloff</u>	<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <u>C.Z. Boyer &amp; Son, Desloge, Mo</u>	

**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 *C. Z. Dayer*.....

Licensed Embalmer No. *167*

P. O. Address *Allestoye, N.*

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.