

FILED DEC 19 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **40139**BIRTH NO. _____ REG. DIST. NO. **116** PRIMARY REG. DIST. NO. **3020** Registrar's No. **19**

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|--|--|--|-------------------------------|
| 1. PLACE OF DEATH a. COUNTY FRANKLIN | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MO. b. COUNTY FRANKLIN | |
| b. CITY (If outside corporate limits, write RURAL and give town) WASHINGTON | | c. LENGTH OF STAY (in this place) | c. CITY OR TOWN GERALD |
| d. FULL NAME OF HOSPITAL OR INSTITUTION ST. FRANCIS HOSPITAL | | d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| e. STREET ADDRESS R. R. | | (If rural, give location) 0360 | |

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|--|-------------------------------|---|---|---------------------------------|---|
| 3. NAME OF DECEASED (Type or Print) | | | 4. DATE OF DEATH (Month) (Day) (Year) | | |
| a. (First) ICHEM | b. (Middle) | c. (Last) HOLLIDAY | DEC 7 1955 | | |
| 5. SEX MALE | 6. COLOR OR RACE WHITE | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED | 8. DATE OF BIRTH FEB. 28, 1863 | | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMING | | 10b. KIND OF BUSINESS OR INDUSTRY FARMING | 9. AGE (In years last birthday) 92 | IF UNDER 1 YEAR 9 Months | IF UNDER 24 HRS. 7 Hours Min. |
| 11. BIRTHPLACE (City and State or Foreign Country) ILLINOIS | | | 12. CITIZEN OF WHAT COUNTRY? USA | | |

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|--|--|---|--|---|--|
| 13a. FATHER'S NAME DON'T KNOW | | 13b. MOTHER'S MAIDEN NAME DON'T KNOW | | 14. NAME OF HUSBAND OR WIFE MARY ELIZABETH HOLLIDAY | |
| 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. NONE | | 17. INFORMANT'S SIGNATURE OR NAME ROY NORMAN ADDRESS 93 SANDAU AVE. ST. LOUIS | |

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|--|--|---|--|--|---|--|
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) | | MEDICAL CERTIFICATION | | | INTERVAL BETWEEN ONSET AND DEATH | |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Struck by auto on Hwy | | ANTECEDENT CAUSES | | | DUE TO (b) 4 3 1/2 miles north of Gerald, Mo | |
| *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. | | DUE TO (c) Death due to shock | | | | |
| II. OTHER SIGNIFICANT CONDITIONS | | Conditions contributing to the death but not related to the disease or condition causing death. | | | | |

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|------------------------|--|---|--|---|--|
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION 8124 25 | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/> | |
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|--|--|--|--|--|--|
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident Hwy # 2 | | 21b. PLACE OF INJURY (e.g., in or about home, factory, street, office, etc.) Gerald, Mo | | 21c. (CITY, TOWN, OR TOWNSHIP) FRANKLIN (STATE) MO | |
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|--|--|---|--|--|--|
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Dec 7, 1955 | | 21e. INJURY OCCURRED WHILE AT WORK? <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? Struck by auto | |
|--|--|---|--|--|--|

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

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|---|--|--------------------------------------|--|---|--|
| 23a. SIGNATURE Frank L. Ottmann (Degree or title) Coroner | | 23b. ADDRESS Corner Gerald Mo | | 23c. DATE SIGNED Dec 9, 1955 | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL | | 24b. DATE 12 10 55 | | 24c. NAME OF CEMETERY OR CREMATORY LIBERTY | |
| 24d. LOCATION (City, town, or county) (State) OWNSVILLE, MO. | | | | | |

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|---|--|---|--|--|--|
| DATE REC'D BY LOCAL REG. 12/9/55 | | REGISTRAR'S SIGNATURE Frank L. Ottmann | | 25. MINERAL DIRECTOR'S SIGNATURE Ottmann ADDRESS General James Union, Mo | |
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

9561 8 T 1077

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 *E. F. Ottmann*

Licensed Embalmer No. *168*

P. O. Address *Union, N.J.*

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.