

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

41322

State File No. ....

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

300  
48

FILED JAN 6 1956

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 200 PRIMARY REG. DIST. NO. 3041 Registrar's No. 27

1. PLACE OF DEATH a. COUNTY <u>Macon</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Macon</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Macon</u>		c. LENGTH OF STAY (in this place) <u>2 Days</u>	c. CITY OR TOWN <u>Macon</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Samaritan Hosp.</u>		e. STREET ADDRESS (If rural, give location) <u>120 S. Duff. 26 1/2</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Jennie</u> b. (Middle) <u>Millsid</u> c. (Last) <u>Holvey</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 18 1955</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, 9 WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Nov. 17, 1884</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Cook, Restaurant</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Collinsville, Ill.</u>
13a. FATHER'S NAME <u>Stephen McLarty</u>		13b. MOTHER'S MAIDEN NAME <u>Ellen Hoffman</u>	14. NAME OF HUSBAND OR WIFE <u>Dec.</u>

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>490-01-2017-A</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Albert Downey, Macon, Mo.</u>	
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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		INTERVAL BETWEEN ONSET AND DEATH <u>18 hrs.</u>
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u>		DUE TO (b) <u>Severe Hypertension</u>		
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<u>331x</u>		

19a. DATE OF OPERATION <u>None</u>	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>None</u>	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 <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 17 Dec, 1955, to 18 Dec, 1955, that I last saw the deceased alive on 18 Dec, 1955, and that death occurred at 9:45 A.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Donald E Eggertson M.D.</u>	23b. ADDRESS <u>Macon Missouri</u>	23c. DATE SIGNED <u>22 Dec 55</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Dec. 20, 1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Woodlawn Cem.</u>
		24d. LOCATION (City, town, or county) (State) <u>Macon, Mo.</u>

DATE REC'D BY LOCAL REG. <u>12/24/55</u>	REGISTRAR'S SIGNATURE <u>Walter McNeely</u> 185	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Lester Hutton Macon, Mo.</u>
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RECEIVED 1.3.56  
MACON COUNTY HEALTH DEPARTMENT  
County File No. 12.55.807  
Date Filed 1.4.56

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 *Charles L. Hutton*  
.....

Licensed Embalmer No. 95

P. O. Address *Macon*

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.