

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **9140**

FILED APR 5 - 1956

| | | | | | | | | | |
|--|--|---|--|--|---|---|---|--|--|
| BIRTH NO. _____ | | REG. DIST. NO. <u>149</u> | | PRIMARY REG. DIST. NO. <u>1002</u> | | Registrar's No. <u>1091</u> | | | |
| 1. PLACE OF DEATH a. COUNTY <u>Jackson</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> | | | | b. COUNTY <u>Jackson</u> | |
| b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>Kansas City</u>) | | c. LENGTH OF STAY (In this place) <u>3 days</u> | | c. CITY OR TOWN <u>Kansas City</u> | | d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>General Hospital No. 1</u> | | | | e. STREET ADDRESS (If rural, give location) <u>712 Olive</u> | | | | <u>2178</u> | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Eldridge</u> | | | b. (Middle) <u>W.</u> | | c. (Last) <u>Holloway</u> | | 4. DATE OF DEATH (Month) (Day) (Year) <u>3 11 1956</u> | | |
| 5. SEX <u>Male</u> | | 6. COLOR OR RACE <u>White</u> | | 7. MARRIED, NEVER MARRIED, / WIDOWED, DIVORCED (Specify) <u>Married</u> | | 8. DATE OF BIRTH <u>5-12-1875</u> | | 9. AGE (In years last birthday) <u>80</u> | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>section hand</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>railroad</u> | | 11. BIRTHPLACE (City and State or Foreign Country) <u>Laredo Mo.</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U. S.</u> | | | |
| 13a. FATHER'S NAME <u>Alva B. Holloway</u> | | | 13b. MOTHER'S MAIDEN NAME <u>Maury Clevenger</u> | | | 14. NAME OF HUSBAND OR WIFE <u>Hulda Holloway</u> | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes; no; or unknown) <u>NO</u> | | | 16. SOCIAL SECURITY NO. _____ | | 17. INFORMANT'S SIGNATURE OR NAME <u>Hulda Holloway</u> | | | ADDRESS <u>712 Olive</u> | |
| 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 <u>Coronary Arteriosclerosis - Undetermined pending further investigation</u> | | | | | | INTERVAL BETWEEN ONSET AND DEATH | |
| | | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>recent occlusion of left circumflex Branch of artery</u> | | | | | | | |
| | | 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. | | | | | | <u>4201</u> | |
| 19a. DATE OF OPERATION _____ | | 19b. MAJOR FINDINGS OF OPERATION _____ | | | | | | 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) _____ | | 21d. (COUNTY) _____ | | 21e. (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 <u>March 11 1956</u> , to <u>March 11 1956</u> , that I last saw the deceased <input checked="" type="checkbox"/> alive on <u>March 11 1956</u> , and that death occurred at <u>7:20P</u> m., from the causes and on the date stated above. | | | | | | | | | |
| 23a. SIGNATURE <u>B. I. Burns</u> (Degree or title) <u>D.</u> | | | | | 23b. ADDRESS <u>24th & Cherry</u> | | | 23c. DATE SIGNED <u>3-12-1956</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>removal</u> | | 24b. DATE <u>3-12-56</u> | | 24c. NAME OF CEMETERY OR CREMATORY _____ | | 24d. LOCATION (City, town, or county) (State) <u>Richmond, Mo.</u> | | | |
| DATE REC'D BY LOCAL REG. <u>3-12-56</u> | | REGISTRAR'S SIGNATURE <u>neva mitchell</u> | | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Quest-Lile</u> | | ADDRESS <u>Richmond, Mo.</u> | | |

(Licensed Embalmer's Statement on Reverse Side)

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

APR 10 1955

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 *George H. Hill*.....
Licensed Embalmer No. *406*

P. O. Address *Richmond*.....

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.