No. 300
10-48

FILED APR 5 - 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 9141

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 946

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

1. PLACE OF DEATH
a. COUNTY: Jackson
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kansas City
c. LENGTH OF STAY (in this place): minutes
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Entrance Research Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Ray
c. CITY OR TOWN: Richmond
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☐
e. STREET ADDRESS (If rural, give location): X 5 mi. N. W. of Hardin

3. NAME OF DECEASED (Type or Print)
a. (First): Kenneth
b. (Middle): Scott
c. (Last): Holloway

4. DATE OF DEATH (Month) (Day) (Year): March 3, 1956

5. SEX: male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: Jan. 21, 1894
9. AGE (In years last birthday): 62 — 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): farmer
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and State or Foreign Country): Ray Co., Mo.
12. CITIZEN OF WHAT COUNTRY?: U. S.
13a. FATHER'S NAME: Scott Holloway
13b. MOTHER'S MAIDEN NAME: Lula Wall
14. NAME OF HUSBAND OR WIFE: Kathleen Holloway
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: Kenneth S. Holloway Jr. — **ADDRESS**: Independence, 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 3 hr

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arterial Sclerosis — 2 yr
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

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) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Mar 3, 1956, *to* Mar 3, 1956, *that I last saw the deceased alive on* Mar 3, 1956 *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE E. G. Revare (Degree or title) M.D. — **23b. ADDRESS**: Richmond, Mo. — **23c. DATE SIGNED**: 3/3/56

24a. BURIAL, CREMATION, REMOVAL (Specify): removal — **24b. DATE**: 3-3-56 — **24c. NAME OF CEMETERY OR CREMATORY**: — — **24d. LOCATION** (City, town, or county) (State): Hardin, Mo.

DATE REC'D BY LOCAL REG.: 3-3-56 — **REGISTRAR'S SIGNATURE**: Neva Minshall — **25. FUNERAL DIRECTOR'S SIGNATURE**: Knipschild & Bouherding — **ADDRESS**: Hardin, Mo.

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK

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

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: 2 hrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Richmond
DUE TO (c) Graham

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? (YES ☐ NO ☐)

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) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 3/3/56, 19__, *to* 3/3, 1956, *that I last saw the deceased alive on* Did Not, 19__ *and that death occurred at* 7:29 A.M. *m., from the causes and on the date stated above.*

23a. SIGNATURE Don A. Black (Degree or title) M.D. — **23b. ADDRESS**: 924 Prof. Bldg — **23c. DATE SIGNED**: 3/3/56

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal — **24b. DATE**: 3-3-56 — **24c. NAME OF CEMETERY OR CREMATORY**: — — **24d. LOCATION** (City, town, or county) (State): HARDIN, Mo.

DATE REC'D BY LOCAL REG.: 3-3-56 — **REGISTRAR'S SIGNATURE**: Neva Minshall — **25. FUNERAL DIRECTOR'S SIGNATURE**: Knipschild & Bouherding — **ADDRESS**: Hardin Mo.

(Licensed Embalmer's Statement on Reverse Side)

APR 5 1956

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb

me, or by ....., Student Embalmer No.....

king under my personal supervision..

dent..... Signed.....
Signature of Student Embalmer

Licensed Embalmer No.....

P. O. Address.....

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.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emba

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student..... Signed August Boucherding
Signature of Student Embalmer

Licensed Embalmer No. 467

P. O. Address Hardin, T

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.