

FILED MAY 17 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **15482**

BIRTH NO.		REG. DIST. NO. <b>10</b>		PRIMARY REG. DIST. NO. <b>5037</b>		Registrar's No. <b>89</b>		
1. PLACE OF DEATH a. COUNTY <b>Audrain 0040</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Audrain 0040</b>				
b. CITY (If outside corporate limits, write RURAL, and give OR TOWN <b>Mexico 4</b> )		c. LENGTH OF STAY (in this place) <b>3 yrs</b>		c. CITY OR TOWN <b>Mexico</b>		d. Is residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Neill Rest Haven</b>				e. STREET ADDRESS (If rural, give location) <b>R. F. D. #2</b>				
3. NAME OF DECEASED (Type or Print) a. (First) <b>Ollie</b>			b. (Middle) <b>Edwin</b>		c. (Last) <b>Holloway</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>May 8 1956</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widow 2</b>		8. DATE OF BIRTH <b>May 3, 1877</b>		9. AGE (In years last birthday) <b>79</b>	IF UNDER 1 YEAR Months Days	IF UNDER 2 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Widow</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <b>Audrain County, Mo. O</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		
13a. FATHER'S NAME <b>Alfred H. Canterbury</b>			13b. MOTHER'S MAIDEN NAME <b>Mellisia Shell</b>		14. NAME OF HUSBAND OR WIFE <b>Deceased</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. John H. Neill</b>		ADDRESS <b>Mexico, Mo</b>		
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coroners Findings with out jury</b>  ANTECEDENT CAUSES <b>The deceased was found dead at Neills Rest Haven unattended by a physician, all evidence showed that the deceased died from a circulatory trouble--a heart block.</b>  DUE TO (b) <b>unattended by a physician, all evidence showed that the deceased died from a circulatory trouble--a heart block.</b>  DUE TO (c) <b>trouble--a heart block.</b>			INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		<b>4330</b>		
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>None</b>		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) <b>None</b>		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 <b>Coroners, case</b> to _____, 19____, that I last saw the deceased alive on <b>Died 5/8, 19 56</b> , and that death occurred at <b>5 A. m.</b> , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <b>S. C. Adams M. H. Coroner</b>				23b. ADDRESS <b>Mexico, Missouri</b>		23c. DATE SIGNED <b>5/8/56</b>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>5/10/56</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Elmwood</b>		24d. LOCATION (City, town, or county) (State) <b>Mexico, Missouri</b>			
DATE REC'D BY LOCAL REG. <b>May 8-1956</b>		REGISTRAR'S SIGNATURE <b>Blanche Neely</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Arnold Funeral Home</b>		ADDRESS <b>Mexico, Mo.</b>		

(Licensed Embalmer's Statement on Reverse Side)

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

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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 *Bob Miller*

Licensed Embalmer No. *44*

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

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.