

FILED MAY 17 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **16409**BIRTH NO. _____ REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002** Registrar's No. **1885**

1. PLACE OF DEATH a. COUNTY Jackson			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). --a. STATE Missouri b. COUNTY Jackson				
b. CITY (If outside corporate limits, write RURAL and give town) Kansas City		c. LENGTH OF STAY (in this place) (township) 10 yrs	c. CITY OR TOWN Kansas City		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 134 No. White			e. STREET ADDRESS (If rural, give location) 134 No. White 3068				
3. NAME OF DECEASED (Type or Print) RALPH		a. (First) C	b. (Middle) G	c. (Last) HOLMAN	4. DATE OF DEATH (Month) (Day) (Year) April 30 1956		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Jan 23, 1911		9. AGE (in years last birthday) 45	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) Pipe Fitter		10b. KIND OF BUSINESS OR INDUSTRY Local 533	11. BIRTHPLACE (City and State or Foreign Country) Carroll County Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13a. FATHER'S NAME John Holman		13b. MOTHER'S MAIDEN NAME Ellen McCain		14. NAME OF HUSBAND OR WIFE Merle Holman			
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. 499-09-4459	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs Merle Holman 134 No. White				
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 5 months	
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchogenic Carcinoma						
	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.					1027	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) (COUNTY) (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 April 2, 1956 , to April 30, 1956 , that I last saw the deceased alive on April 30, 1956 , and that death occurred at 4:30 A. M. , from the causes and on the date stated above.							
23a. SIGNATURE Otto W. Theel M. D. (Print or title)			23b. ADDRESS 4301 Main Street		23c. DATE SIGNED 5-1-56		
24a. BURIAL CREMATION (Specify) Burial	24b. DATE May 3 1956	24c. NAME OF CEMETERY OR CREMATORY Enon Cemetery		24d. LOCATION (City, town, or county) (State) Dawn Missouri			
DATE REC'D BY LOCAL REG. 5-1-56	REGISTRAR'S SIGNATURE Neva Minshall		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Sheil Funeral Home Kansas City Mo.				

(Licensed Embalmer's Statement on Reverse Side)

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

Theel
4091 Main
4321

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 *Richard E. Carroll*.....

Licensed Embalmer No. *482*.....

P. O. Address *H. C. M.*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.