

FILED JUN 7 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 16728

BIRTH NO. _____ REG. DIST. NO. 154 PRIMARY REG. DIST. NO. 5575 Registrar's No. 36

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Cass	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Grandview		c. LENGTH OF STAY (in this place) 2 yrs	
d. FULL NAME OF HOSPITAL OR INSTITUTION Grandview Restorium		e. CITY OR TOWN Belton STREET ADDRESS 208 Hackberry 0190/1	
3. NAME OF DECEASED (Type or Print) a. (First) SAMUEL b. (Middle) ROBERT c. (Last) HOLLOWAY		4. DATE OF DEATH (Month) (Day) (Year) 5-22-1956	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH 11-24-1861
9. AGE (In years last birthday) 94		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farming	11. BIRTHPLACE (City and State or Foreign Country) Cass Co., Missouri
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farming		10b. KIND OF BUSINESS OR INDUSTRY own farm	12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Isaac J. Holloway		13b. MOTHER'S MAIDEN NAME Mary A. Kenney	14. NAME OF HUSBAND OR WIFE Lou C. Holloway
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME ADDRESS R. L. Holloway Belton, 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) Medullary Failure ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Thrombotic Encephalomalacia 6 wks. DUE TO (c) Arteriosclerosis 20 years. II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Myocardial decomposition	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 332X	
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) (Minute)		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 Jan, 1956, to 5-22, 1956, that I last saw the deceased alive on 5-21, 1956, and that death occurred at 11:30 AM., from the causes and on the date stated above.			
23a. SIGNATURE John R. McKee (Name or title)		23b. ADDRESS Belton, Mo.	
23c. DATE SIGNED 5-23-56			
24a. BURIAL CREMATION REMOVAL (Specify) Burial	24b. DATE 5-24-1956	24c. NAME OF CEMETERY OR CREMATORY Belton Cemetery	24d. LOCATION (City, town, or county) (State) Belton, Mo.
DATE REC'D BY LOCAL REG. 5-23-56	REGISTRAR'S SIGNATURE Sterling Goddard	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS E. K. George & Sons Belton, Mo.	

(Licensed Embalmer's Statement on Reverse Side)

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

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. Leary*

Licensed Embalmer No. *395*

P. O. Address *Bella*

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.