

FILED MAY 21 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 17115

BIRTH NO. 31940-56 REG. DIST. NO. 226 PRIMARY REG. DIST. NO. 4328 Registrar's No. 12

1. PLACE OF DEATH a. COUNTY <u>MONROE</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>MONROE</u> c. CITY OR TOWN <u>MONROE CITY</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>MONROE CITY</u>		c. LENGTH OF STAY (in this place) <u>35 MIN.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>WEST WINTER ST.</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
STREET ADDRESS <u>WEST WINTER ST.</u>		(If rural, give location)	

3. NAME OF DECEASED (Type or Print) a. (First) <u>DAN</u> b. (Middle) <u>LEROY</u> c. (Last) <u>HOLLIDAY</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>MAY 15 1956</u>		
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>COLORED</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>NEVER MARRIED</u>	
8. DATE OF BIRTH <u>MAY 15, 1956</u>			9. AGE (In years last birthday)		10. IF UNDER 1 YEAR Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>MONROE CITY MISSOURI</u>
					12. CITIZEN OF WHAT COUNTRY? <u>UNITED STATES</u>

13a. FATHER'S NAME <u>DELBERT HOLLIDAY</u>		13b. MOTHER'S MAIDEN NAME <u>CLARA MARIE TOPP</u>		14. NAME OF HUSBAND OR WIFE <u>NONE</u>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME <u>CLARA MARIE HOLLIDAY</u>	
				ADDRESS <u>MONROE CITY, MO.</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, ashenia, etc. It means the disease, injury, or complication which caused death.		-MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>PREMATURITY</u>		INTERVAL BETWEEN ONSET AND DEATH <u>35 MIN.</u>	
		II. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			
		III. OTHER-SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION <u>NONE</u>		19b. MAJOR FINDINGS OF OPERATION <u>776 X</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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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)	
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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?	
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22. I hereby certify that I attended the deceased from May 15, 1956, to May 15, 1956, that I last saw the deceased alive on May 15, 1956, and that death occurred at 10:05 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Charles R. Johnson MD</u>		23b. ADDRESS <u>211 So. Main - Monroe City, Mo</u>		23c. DATE SIGNED <u>May 18, 1956</u>	
24a. BURIAL CREMATION REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>May 16, 1956</u>		24c. NAME OF CEMETERY OR CREMATORY <u>ST. JUDAS CEMETERY</u>	
				24d. LOCATION (City, town, or county) (State) <u>Monroe city Mo</u>	
DATE REC'D BY LOCAL REG. <u>5-19-56</u>		REGISTRAR'S SIGNATURE <u>Edna Robertson</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Wilson & Son's Monroe City, Mo</u>	

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 Mr. Earl King, Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Leatrice L. Adams.....

Licensed Embalmer No. 301

P. O. Address Memphis Tenn

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.