

Health, Welfare and Public Service
 300-56
 Diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.
 USE ONLY BLACKINK OR RIBBON TYPEWRITE IF POSSIBLE

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER

37358

FILED NOV 26 1956

Registration District No. 91 Primary Registration District No. 0012 Registrar's No. 100

1. PLACE OF DEATH a. COUNTY CLAY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, give TOWNSHIP only) Excelsior Springs		c. CITY OR TOWN Kansas City	
c. FULL NAME OF (If NOT in hospital, give location) Veterans Administration Hospital		d. STREET ADDRESS (If outside, give location) 2924 Harrison	
Length of stay in lb 2 yrs 7 mos		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) CARMON	First J	Middle HOLLEY	Last	4. DATE OF DEATH October 17, 1956
				Month Day Year

5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input checked="" type="checkbox"/>	8. DATE OF BIRTH April 14, 1905	9. AGE (In years last birthday) 51	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Machinist	10b. KIND OF BUSINESS OR INDUSTRY Aircraft Mfg. Co.	11. BIRTHPLACE (City and state or country) Clinton, Arkansas	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13. FATHER'S NAME W. D. HOLLEY	14. MOTHER'S MAIDEN NAME NANCEY J GATES
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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) Yes WWII	16. SOCIAL SECURITY NO. 430141277	17. INFORMANT VA Hospital records	Address
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18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Tuberculosis, pulmonary, far advanced, active		INTERVAL BETWEEN ONSET AND DEATH 3 yrs
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(n) 002X		

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) --
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20c. TIME OF INJURY Hour, Month, Day, Year a. m. p. m.	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) --	20f. CITY, TOWN, OR LOCATION --	COUNTY --	STATE --
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21. VA attended the deceased from 3-18-54 to 10-17-56 Death occurred at 9:37 P.M. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE A. A. SPRONG, M.D.	22b. ADDRESS Excelsior Springs, Mo.	22c. DATE SIGNED 10-18-56
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23a. BURIAL, CREMATION, REMOVAL (Specify) Removal Oct 17, 1956	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY unknown	23d. LOCATION (City, town, or county) (State) Clinton, Arkansas
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24. FUNERAL DIRECTOR Richard Funeral Home	ADDRESS Excelsior Springs, Mo.	25. DATE RECD. BY LOCAL REG. 11/7/56	26. REGISTRAR'S SIGNATURE Baroline Hutchings
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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 *Paul Van Landingham*

Licensed Embalmer No. *400*
Chalson Springs, Mo.
P. O. Address

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (to comply with the above constitute's 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.