

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED MAR 13 1957

STATE FILE NUMBER

7337

Registration District No. 362 Primary Registration District No. 4531 Registrar's No. 87

1. PLACE OF DEATH a. COUNTY <b>WARREN</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MO.</b> b. COUNTY <b>FRANKLIN</b>					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>WARRENTON</b>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <b>UNION</b> <u>0361</u> <u>0</u>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>KATIE JANE HOME</b>			Length of stay in lb <u>1 mo. 2 days</u>		d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>		
3. NAME OF DECEASED (Type or print) <b>First VIRGINIA Middle L. Last HADDOX</b>				4. DATE OF DEATH Month <b>MARCH</b> Day <b>8</b> Year <b>1957</b>					
5. SEX <b>FEMALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>JAN. 16, 1874</b>		9. AGE (In years and birthday) <b>83</b>	IF UNDER 1 YEAR Months <b>1</b> Days <b>20</b>	IF UNDER 24 HRS. Hours <b></b> Min. <b></b>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>HOUSE WORK</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>HOUSEWORK</b>		11. BIRTHPLACE (City and state or country) <b>ROSEBUD, MO.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		
13. FATHER'S NAME <b>ELIZA HOLLENSWORTH</b>				14. MOTHER'S MAIDEN NAME <b>MARY HOLLENSWORTH</b>					
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>		16. SOCIAL SECURITY NO. <b>NONE</b>		17. INFORMANT <b>BEN HADDOX</b> Address <b>UNION, MO.</b>					
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Coronary Arteriosclerosis</u> DUE TO (b) <u>Intercerebral Heart Lesion</u> DUE TO (c) <u>Suddenly</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)						INTERVAL BETWEEN ONSET AND DEATH <u>6 hrs</u>			
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.)					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>	
20c. TIME OF INJURY Hour <b></b> Month <b></b> Day <b></b> Year <b></b> a. m. <b></b> p. m. <b></b>									
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	
21. I attended the deceased from <u>Feb 4, 1957</u> and last saw her <u>March 8, 1957</u> alive on <u>March 5, 1957</u> . Death occurred at <u>2:30</u> <u>A</u> m on the date stated above; and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE (Degree or title) <u>Amelia W. Holcomb</u>				22b. ADDRESS <u>Union Mo</u>		22c. DATE SIGNED <u>3-8-57</u>			
23a. BURIAL, CREATION, REMOVAL (Specify) <b>BURIAL</b>		23b. DATE <b>3/10/57</b>	23c. NAME OF CEMETERY OR CREMATORY <b>UNION CENETERY</b>		23d. LOCATION (City, town, or county) (State) <b>UNION, MO.</b>				
24. FUNERAL DIRECTOR <u>Ralph Ottmann</u> Home Address <u>Union Mo</u>				25. DATE RECD. BY LOCAL REG. <u>Mar. 9, 1957</u>		26. REGISTRAR'S SIGNATURE <u>Floyd Logan</u>			

---

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.....

*Ralph Ottmann*

Licensed Embalmer No. *489*

P. O. Address *Union, Pa.*

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.