

11817

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED MAR 19 1957

STATE FILE NUMBER

Registration District No. 381 Primary Registration District No. 6183 Registrar's No. 39

Health, Welfare Public Service

300 1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY <u>Sullivan</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Sullivan</u>					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Mulan</u> <u>Rural</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		105 th CITY OR TOWN <u>Mulan - Rural</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Polk Twp</u>			Length of stay in 1b			d. STREET ADDRESS <u>Polk Twp</u> (If outside, give location)			
3. NAME OF DECEASED (Type or print) <u>George Newben Holliday</u> First Middle Last				4. DATE OF DEATH <u>3 10 1957</u> Month Day Year					
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>3-7 1862</u>		9. AGE (In years last birthday) <u>94</u> IF UNDER 1 YEAR: Months <u>11</u> Days <u>27</u> IF UNDER 24 HRS: Hours <u>0</u> Min. <u>0</u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>-</u>		11. BIRTHPLACE (City and state or country) <u>Jackson Twp. Sull. Co. Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>US</u>		
13. FATHER'S NAME <u>Benton Holliday</u>				14. MOTHER'S MAIDEN NAME <u>Mary Halliburton</u>					
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>-</u>		17. INFORMANT <u>Newben Holliday - Mulan Mo</u> Address				
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>Broncho Pneumonia</u> DUE TO (b) <u>Cardio renal insufficiency</u> DUE TO (c) _____ 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 (n) <u>Seruly Arteriosclerosis</u>							INTERVAL BETWEEN ONSET AND DEATH <u>96 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 checked="" type="checkbox"/>	
20c. TIME OF INJURY Hour _____ 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	
21. I attended the deceased from <u>3/4/57</u> to <u>3/10 1957</u> and last saw her/him alive on <u>3/4/57</u> Death occurred at <u>3 a m</u> on the date stated above; and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE <u>J.P. Math</u> (Degree or title) <u>M.D.</u>				22b. ADDRESS <u>Sumner Mo</u>			22c. DATE SIGNED <u>3-12-57</u>		
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>3/11/57</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Holliday Cem</u>			23d. LOCATION (City, town, or county) (State) <u>Sullivan Co. Mo</u>			
24. FUNERAL DIRECTOR <u>Schoene's</u> <u>Saugh Schoene</u>			ADDRESS <u>Mulan Mo</u>		25. DATE RECD. BY LOCAL REG. <u>3-14-57</u>		26. REGISTRAR'S SIGNATURE <u>Mrs. M.W. Beckitt</u>		

(Licensed Embalmer's Statement on Reverse Side)

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..... *Daught Schoene*

Licensed Embalmer No. *266*

P. O. Address *Indian*

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.