

FILED MAY - 9 1957

STANDARD CERTIFICATE OF DEATH

STATE OF MISSOURI 11985
Registrar's No. 104

Registration District No. 10 Primary Registration District No. 3002

1. PLACE OF DEATH a. COUNTY Audrain.		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Monroe	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR Mexico, Missouri		c. CITY OR TOWN Santa Fe, Missouri	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Audrain Co Hosp.		d. STREET ADDRESS 0690 (If outside, give location) 0	
3. NAME OF DECEASED (Type or print) First MARY Middle V. Last HOLLAND		4. DATE OF DEATH April 4, 1957	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Oct 18, 1890
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework		10b. KIND OF BUSINESS OR INDUSTRY Home	9. AGE (In years last birthday) 66
13. FATHER'S NAME J.W. Holman.		11. BIRTHPLACE (City and state or country) Ralls Co, Missouri	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
16. SOCIAL SECURITY NO. Unknown		14. MOTHER'S MAIDEN NAME Mariah E. Stuart.	
17. INFORMANT Mrs Alice Vaughn. Perry, Mo.		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) Carcinomatous Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Carcinoma of lung DUE TO (c) 163X			INTERVAL BETWEEN ONSET AND DEATH 6 mo 1 yr
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) Engorgement of feet due to phlebotomy needles			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2
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.)
20c. TIME OF INJURY Hour Month, Day, Year 4-4-57			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. Intended the deceased from 12-6-56 to 4-4-57 and last saw her him alive on 4-4-57 Death occurred at April 4, 1957 4:45 PM the date stated above; and to the best of my knowledge, from the causes stated.			22c. DATE SIGNED 5-1-57
22a. SIGNATURE (Degree or title) M. D.		22b. ADDRESS Mexico, Missouri	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 4-6-57	23c. NAME OF CEMETERY OR CREMATORY Lickcreek Cemetery	23d. LOCATION (City, town, or county) (State) Perry, Missouri.
24. FUNERAL DIRECTOR ADDRESS Clyde C. Wilsey, Perry, Mo.		25. DATE RECD. BY LOCAL REG. May 2-1957	25. REGISTRAR'S SIGNATURE Blanche Geely

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE. Doctor, coroner, etc. must be causally related. Coroner cannot certify to a death due to natural causes. Diseases in Part I must be causally related.

(Licensed Embalmer's Statement on Reverse Side)

