

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

20129

STATE FILE NUMBER

FILED JUN 17 1957

Registration District No. 42

Primary Registration District No. 1000

Registrar's No. 633

1. PLACE OF DEATH a. COUNTY Buchanan				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Buchanan			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Joseph		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN St. Joseph		0117 0 Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 1602 So. 11th St.			Length of stay in 1b 27 Yrs.		d. STREET ADDRESS 1602 (If outside, give location) So. 11th St.		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First MIDDLE Last URBAN WILLIAM HOLLEMAN				4. DATE OF DEATH Month Day Year June 7 1957			
5. SEX Male <input checked="" type="checkbox"/>	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH March 17 1900		9. AGE (In years last birthday) 57	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Merchant		10b. KIND OF BUSINESS OR INDUSTRY Furniture		11. BIRTHPLACE (City and state or country) Springfield So. Dak.		12. CITIZEN OF WHAT COUNTRY? U S A	
13. FATHER'S NAME John Holleman				14. MOTHER'S MAIDEN NAME Katherine Wynia			
15. WAS DECEASED EVER IN U. S. ARMY, NAVY, AIR FORCE, OR MARINE CORPS? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. none		17. INFORMANT Mrs. Thea Holleman Address St. Joseph, Mo.			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Carcinoma of Right Lung							INTERVAL BETWEEN ONSET AND DEATH App. 6 wks
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.							DUE TO (b) _____
DUE TO (c) _____							PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) Metastasis to Liver
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 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 4-26-57 to 6-7-57 and last saw him alive on 4-23-57 Death occurred at 2:30 a. m. on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE H. C. Simme M.D. (Degree or title)				22b. ADDRESS 907 Park S bldg. St. Joseph, Missouri		22c. DATE SIGNED 6-10-57	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE June 9, 1957	23c. NAME OF CEMETERY OR CREMATORY Springfield Cemetery		23d. LOCATION (City, town, or county) (State) Springfield So. Dakato		
24. FUNERAL DIRECTOR Stammy Thomas Home St. Joseph, Mo.			ADDRESS		25. DATE RECD. BY LOCAL REG. June 12, 1957		26. REGISTRAR'S SIGNATURE Locher M. Allison

(Licensed Embalmer's Statement on Reverse Side)

diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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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 *Charles E. Bennett*

Licensed Embalmer No. *46*

P. O. Address *St. Joseph*

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.