

Health, Welfare, Public Service
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 -57
 MEDICAL CERTIFICATION
 Richard W. Gunn
 All diseases in Part I must be causally related.

FILED AUG 12 1957

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

24616
 STATE FILE NUMBER 3409
 Registrar's No.

Registration District No. 149 Primary Registration District No. 1002

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| 1. PLACE OF DEATH a. COUNTY Jackson | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before death) a. STATE Missouri b. COUNTY Jackson | | | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) Kansas City | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | c. CITY OR TOWN Kansas City | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Norwood Nursing Home | | Length of stay in lb 11 yrs. | | d. STREET ADDRESS 812 Benton Blvd. | | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |
| 3. NAME OF DECEASED (Type or print) First MARY Middle S. Last HOLLAND | | | | 4. DATE OF DEATH Month July Day 20 Year 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 May 7th, 1869 | |
| 9. AGE (In years at birthday) 88 | | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home | | 11. BIRTHPLACE (City and state or country) Rockford, Illinois | | 12. CITIZEN OF WHAT COUNTRY? U.S.A. | |
| 13a. FATHER'S NAME B.M. Seymour | | | 13b. MOTHER'S MAIDEN NAME Mary Ann McCarty | | | 14. NAME OF HUSBAND OR WIFE William T. Holland | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No | | | 16. SOCIAL SECURITY NO. none | | 17. INFORMANT Ralph S. Holland, Address Rural Route 2, Olathe, Kansas. | | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Heat exhaustion DUE TO (b) Malnutrition DUE TO (c) Arteriosclerosis, generalized PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Humerus fracture left hip | | | | | | INTERVAL BETWEEN ONSET AND DEATH 2 days 6 months several years | |
| 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 _____ 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 7-18-57 to 7-20-57 and last saw her alive on 7-18-57 Death occurred at 10:00 p.m. on the date stated above; and to the best of my knowledge, from the causes stated. | | | | | | | |
| 22a. SIGNATURE Richard W. Gunn (Degree or title) MD | | | | 22b. ADDRESS 6230 Truman Rd., Keokuk, Mo | | 22c. DATE SIGNED 7-21-57 | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 23b. DATE July 22, 1957 | 23c. NAME OF CEMETERY OR CREMATORY Memorial Park | | 23d. LOCATION (City, town, or county) (State) Jackson County, Missouri | | |
| 24. FUNERAL DIRECTOR ADDRESS FREEMAN MORTUARY, Kansas City, Mo. | | | | 25. DATE RECD. BY LOCAL REG. 7-20-57 | | 26. REGISTRAR'S SIGNATURE Neva Minshall | |

Dr. Hum
317 N. Van B.
12:15 Sunday

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 Walter H. Erwin

Licensed Embalmer No. 4352

P. O. Address K. C. Mo



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.