FILED AUG 1 - 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 24617

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3128

1. PLACE OF DEATH
a. COUNTY JACKSON
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY — Inside Limits Yes X No
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) 2535 CHESTNUT — Length of stay in Hospital 9 yrs.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE MISSOURI b. COUNTY JACKSON
c. CITY OR TOWN KANSAS CITY — Inside Limits Yes X No
d. STREET ADDRESS (If outside city, give location) 2535 CHESTNUT — Reside on Farm Yes No X

3. NAME OF DECEASED (Type or print) First: MARY Middle: LOU Last: HOLLIDAY
4. DATE OF DEATH Month Day Year: JULY 5, 1957
5. SEX: FEMALE
6. COLOR OR RACE: NEGRO
7. MARRIED NEVER MARRIED WIDOWED X DIVORCED
8. DATE OF BIRTH: JUNE 10, 1875
9. AGE (In years last birthday): 82 yrs — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): WAITRESS
10b. KIND OF BUSINESS OR INDUSTRY: .
11. BIRTHPLACE (City and state or country): HUNTSVILLE, MISSOURI
12. CITIZEN OF WHAT COUNTRY? U. S. A.
13. FATHER'S NAME: JERRY DENNY
14. MOTHER'S MAIDEN NAME: LETTIE HARVEY
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): NO (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Address: THOMAS DENNY 2535 CHESTNUT

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 1 day
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Hypertension — 10 Yr,s
DUE TO (c) Diabetic with arteriosclerosis 331 — 8 Yr,s
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)
19. WAS AUTOPSY PERFORMED? YES NO
20a. ACCIDENT SUICIDE HOMICIDE
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK
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 March 10-56 to July 5,57 and last saw her/him alive on July 5-57
Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Emmett F. Walls, D.O. (Degree or title) — Emmett F Walls D.O.
22b. ADDRESS: 2628 Troost
22c. DATE SIGNED: 7-5-57

23a. BURIAL, CREMATION, REMOVAL (Specify): REMOVAL
23b. DATE: 7/6/57
23c. NAME OF CEMETERY OR CREMATORY:
23d. LOCATION (City, town, or county) (State): HUNTSVILLE, MISSOURI
24. FUNERAL DIRECTOR ADDRESS: MRS. MEEK'S MORTUARY K.C. Mo.
25. DATE RECD. BY LOCAL REG.: 7-6-57
26. REGISTRAR'S SIGNATURE: Nevin Minshall

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was e

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Millard B. Pask

Licensed Embalmer No. 50

P. O. Address .....

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.