

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JAN 6 1958

45084
STATE FILE NUMBER

Registration District No. 209 Primary Registration District No. 3043 Registrar's No. 508

1. PLACE OF DEATH a. COUNTY Marion				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Marion			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Hannibal		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Palmyra		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Levering Hospital				Length of stay in lb 10 min.		d. STREET ADDRESS (If outside, give location) 424A South Main St.	
3. NAME OF DECEASED (Type or print)		First John		Middle Clifton		Last Hollyman	
4. DATE OF DEATH		Month Dec.		Day 25		Year 1957	
5. SEX Male		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 21 April 1890	
9. AGE (In years last birthday) 67		IF UNDER 1 YEAR Months 06 Days 0		IF UNDER 24 HRS. Hours 0 Min. 0		11. BIRTHPLACE (City and state or country) Palmyra, Missouri	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret. Farmer				10b. KIND OF BUSINESS OR INDUSTRY		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME John L. Hollyman				14. MOTHER'S MAIDEN NAME Belle McLeod			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. 496-40-8086		17. INFORMANT Mrs. Minta Hollyman, Palmyra, 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) Myocardial Infarction 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)						INTERVAL BETWEEN ONSET AND DEATH 2 days	
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 _____ 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 4201		COUNTY		STATE	
21. I attended the deceased from 1955 to Dec 25 1957 and last saw her/him alive on 25 Dec 1957 Death occurred at 9:30 pm m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE Wyeth Hamblin M.D.				22b. ADDRESS Hannibal Mo.		22c. DATE SIGNED 12/30/57	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 27 Dec. 1957		23c. NAME OF CEMETERY OR CREMATORY Greenwood Cemetery		23d. LOCATION (City, town, or county) (State) Palmyra, Missouri	
24. FUNERAL DIRECTOR Lewis Brothers		ADDRESS Palmyra, Mo.		25. DATE RECD. BY LOCAL REG. 12-31-57		25. REGISTRAR'S SIGNATURE Dr. E. M. Duck	

RECEIVED JAN 1 1958
MARION CO. HEALTH DEPT.
DATE FILED JAN 1 1958

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 *George M. Lucas*

Licensed Embalmer No. 4851

P. O. Address Palmyra, 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.