

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

2430

State File No.

FILED JAN 14 1958

BIRTH NO. _____ REG. DIST. NO. 295 PRIMARY REG. DIST. NO. 6015 Registrar's No. 302

1. PLACE OF DEATH a. COUNTY <u>Randolph</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE <u>MO</u> b. COUNTY <u>Randolph</u>	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>Rural, Sibley, La Grange</u>)		c. CITY OR TOWN <u>Rural</u>	
c. LENGTH OF STAY (in this place) <u>25 years</u>		d. Is Residence within limits of city or incorporated town? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>at home</u>		e. STREET ADDRESS (If rural, give location) <u>N-E-Of Yates mo</u>	
3. NAME OF DECEASED a. (First) <u>JOHN</u> (Type or Print)		b. (Middle) <u>—</u>	
c. (Last) <u>HOLLEY</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Jan 5 1958</u>	
5. SEX <u>male</u>	6. COLOR OR RACE <u>Colored</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widower</u>	8. DATE OF BIRTH <u>Feb 6-18 77</u>
9. AGE (In years last birthday) <u>80</u>		IF UNDER 1 YEAR Months <u>11</u> Days <u>29</u>	IF UNDER 14 HRS. Hours <u>—</u> Min. <u>—</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>—</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Missouri</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>		13a. FATHER'S NAME <u>miles Holley</u>	
13b. MOTHER'S MAIDEN NAME <u>Josephine Williams</u>		14. NAME OF HUSBAND OR WIFE <u>deceased</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>no</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Spray Holley</u>		ADDRESS <u>Amstrong mo</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) * This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Congestive Circulatory Failure</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Decompensated Hypertensive un-</u> <u>Heart Disease.</u> DUE TO (c) <u>Arterio sclerosis</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		443X	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>12-31, 1957, to 1-5, 1958</u> , that I last saw the deceased alive on <u>1-5, 1958</u> , and that death occurred at <u>8:30 a.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Per M. Robinson</u>		23b. ADDRESS <u>Highbe, mo.</u>	
23c. DATE SIGNED <u>1-6-58</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>Jan 7, 1958</u>		24c. NAME OF CEMETERY OR CREMATORY <u>White oak Cent</u>	
24d. LOCATION (City, town, or county) (State) <u>N-E-Of Yates mo</u>		DATE REC'D BY LOCAL REG <u>1-10-58</u>	
REGISTRAR'S SIGNATURE <u>Mary H. Bentley</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>H-S-Roberson</u>	
ADDRESS <u>Highbe mo</u>		ADDRESS <u>Highbe mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 *H. S. Peterson.*
Licensed Embalmer No. *3004*
P. O. Address *Higbee*

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.