

FILED MAR 10 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-005596

STATE FILE NUMBER

877

Registration District No. 149

Primary Registration District No. 1002

Registrar's No.

300

-57

1. PLACE OF DEATH a. COUNTY <i>Jackson</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>Jackson</i>	
b. CITY (If outside Corporate limits, give TOWNSHIP only) OR TOWN <i>Kansas City</i>		c. CITY OR TOWN <i>Kansas City</i>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>St. Mary's Hosp.</i>		d. STREET ADDRESS (If outside, give location) <i>4444 So. Benton</i>	

3. NAME OF DECEASED (Type or print) First <i>Margaret M.</i> Middle <i>Holloway</i> Last <i>Holloway</i>			4. DATE OF DEATH Month <i>Feb</i> Day <i>18</i> Year <i>1958</i>		
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>Apr. 24, 1898</i>		9. AGE (In years last birthday) <i>59.59</i>

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Chief Baker Dept.</i>	10b. KIND OF BUSINESS OR INDUSTRY <i>Swift & Co.</i>	11. BIRTHPLACE (City and state or country) <i>Kansas City, Mo.</i>	12. CITIZEN OF WHAT COUNTRY? <i>U. S. A.</i>
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13a. FATHER'S NAME <i>Thomas Kerns</i>	13b. MOTHER'S MAIDEN NAME <i>Mary Ann McCloskey</i>	14. NAME OF HUSBAND OR WIFE <i>Char. W. Holloway</i>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <i>no</i>	16. SOCIAL SECURITY NO. <i>510-07-3675</i>	17. INFORMANT Address <i>Charles W. Holloway, 4444 So. Benton</i>

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Arteriosclerotic cardiovascular disease</i>		INTERVAL BETWEEN ONSET AND DEATH <i>443X</i>
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) <i>Hypertension, Arterial, Diabetes mellitus</i>		19. WAS AUTOPSY PERFORMED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
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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 _____
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21. I attended the deceased from *1-18-58* to *2-18-58* and last saw her *alive* on *2/17/58*
Death occurred at *105A* _____ m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <i>H. A. Underwood, M.D.</i>	22b. ADDRESS <i>5100 E. 24th KC. Mo</i>	22c. DATE SIGNED <i>2/18/58</i>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	23b. DATE <i>2-19-58</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Mt. Olivet Cemetery</i>	23d. LOCATION (City, town, or county) (State) <i>Wesleyan Mills, Mo.</i>
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24. FUNERAL DIRECTOR <i>Melody - McElroy - Taylor</i>	25. DATE RECD. BY LOCAL REG. <i>2-18-58</i>	26. REGISTRAR'S SIGNATURE <i>Neva Mendall</i>
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W. A. Underwood - Funeral Director
(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

H. A. Underwood

K. H. A. Underhill
5100 E 24
Be 1-8818

2:30 PM - 4



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 *John C. Johnson*

Licensed Embalmer No. *5025*

P. O. Address *216 N. 110*

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.