

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-010826
STATE FILE NUMBER

FILED APR 2 1958

Registration District No. 247 Primary Registration District No. 4366 Registrar's No. 15

1. PLACE OF DEATH a. COUNTY <u>Newton</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Newton</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Granby</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>Granby</u> <u>8730</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Home</u>			Length of stay in lb yrs	d. STREET ADDRESS <u>N. Main</u> (If outside, give location)			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) <u>Robert</u> <u>Edward</u> <u>Holloway</u>				4. DATE OF DEATH <u>3-18-1958</u>	Month <u>3</u> Day <u>18</u> Year <u>1958</u>	5. SEX <u>Male</u> <u>0</u>	6. COLOR OR RACE <u>White</u>
7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/>	8. DATE OF BIRTH <u>Aug. 30, 1937</u> <u>20</u>	9. AGE (In years last birthday)	10. KIND OF BUSINESS OR INDUSTRY <u>Common Labor</u>	11. BIRTHPLACE (City and state or country) <u>Joplin, Missouri</u> <u>0</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Common Labor</u>
13. FATHER'S NAME <u>Orville E. Holloway</u>				14. MOTHER'S MAIDEN NAME <u>Velma Grissom</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No.</u>		16. SOCIAL SECURITY NO. <u>493-38-8174</u>		17. INFORMANT <u>Mrs. Velma Howard Granby, Missouri</u> Address			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Asphyxia</u>							INTERVAL BETWEEN ONSET AND DEATH <u>sudden</u>
Conditions, if any, which gave rise to above cause (a), stating the under- lying cause last.	DUE TO (b) <u>Obstruction of airways</u>	DUE TO (c) <u>Edema of throat</u> <u>517X</u>	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <u>Apparently hereditary incident in 3 generations</u>				19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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.)						2. <u>1.</u>
20c. TIME OF INJURY Hour <u> </u> Month <u> </u> Day <u> </u> Year <u> </u> a. m. <u> </u> p. m. <u> </u>	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.) <u> </u>	20f. CITY, TOWN, OR LOCATION <u> </u>	COUNTY <u> </u>	STATE <u> </u>		
21. I attended the deceased from <u> </u> to <u> </u> and last saw her alive on <u> </u> Death occurred at <u>1:30 a. m. on the date stated above; and to the best of my knowledge, from the causes stated.</u>							
22a. SIGNATURE <u>M. L. Young</u> (Degree or title)				22b. ADDRESS <u>P.O. Box 63 Granby, Mo</u>		22c. DATE SIGNED <u>3-20-1958</u>	
23a. BURIAL, CREMATION, REMOVAL, (Specify)	23b. DATE <u>3-20-1958</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Granby Memorial</u>	23d. LOCATION (City, town, or county) <u>Granby, Missouri</u>	(State)			
24. FUNERAL DIRECTOR <u>Floyd E. Shewmake Jr. Granby, Missouri</u>			ADDRESS <u> </u>	25. DATE RECD. BY LOCAL REG. <u>Mar. 20-58</u>	26. REGISTRAR'S SIGNATURE <u>M. L. Young</u>		

(Licensed Embalmer's Statement on Reverse Side)

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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Coroner cannot certify to a death due to natural causes.

Doctor, coroner, etc. must use only standard nomenclature in reporting cause of death.

RECEIVED

District Health Officer No. Newston

District File Number 358-63

Date Filed MAR 24 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 Floyd E. Shewmake Jr.

Licensed Embalmer No. 492
Box 58 Granby Mo
P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (If 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.