

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-017483
STATE FILE NUMBER

FILED JUN 10 1958 Registration District No. 47 Primary Registration District No. 4067 Registrar's No. 132

1. PLACE OF DEATH a. COUNTY Callaway		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Callaway	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Auxvasse		c. CITY OR TOWN Auxvasse <u>6140</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Home		d. STREET ADDRESS (If outside, give location)	
3. NAME OF DECEASED (Type or print) First Middle Last Francis Marion Holland		4. DATE OF DEATH Month Day Year May 29 1958	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Feb. 21, 1886
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Owner Telephone Exchange - Retired		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Louisiana Mo.
13a. FATHER'S NAME Elijah Holland		13b. MOTHER'S MAIDEN NAME Mary Gosline	12. CITIZEN OF WHAT COUNTRY? U.S.A.
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. No	14. NAME OF HUSBAND OR WIFE Address Mrs. F. M. Holland Auxvasse 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) Coronary Embolus. Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Prostatic Peritonitis DUE TO (c) 177X			INTERVAL BETWEEN ONSET AND DEATH 20 min. 5 yrs?
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 <input type="checkbox"/> NOT WHILE 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	
21: I attended the deceased from Periodically 1938 ; to May 29 58 and last saw her alive on May 29-58 Death occurred at 8:45 pm on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) [Signature]		22b. ADDRESS Auxvasse Mo	
22c. DATE SIGNED 6-1-58			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 6-1-58	23c. NAME OF CEMETERY OR CREMATORY AUXVASSE	23d. LOCATION (City, town, or county) (State) Auxvasse Mo.
24. FUNERAL DIRECTOR ADDRESS Maupin Funeral Home Auxvasse Mo		25. DATE RECD. BY LOCAL REG. June-7-1958	26. REGISTRAR'S SIGNATURE Maretha Lawrence

All diseases in Part I must be causally related. Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

8961 B 312

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 *J. C. Ross*

Licensed Embalmer No. *2585*

P. O. Address *H. ...*

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.