

Health,
& Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI 88383-58
STANDARD CERTIFICATE OF DEATH

58-017847
STATE FILE NUMBER
REGISTRAR'S No. 559

FILED JUN 9 1958 Registration District No. 128 Primary Registration District No. 2000

1. PLACE OF DEATH a. COUNTY <u>Bremer</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Bremer</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Springfield</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Ash Grove</u> 0390
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Burge Hosp.</u>		Length of stay in lb <u>2 1/2 hrs.</u>	d. STREET ADDRESS (If outside, give location) <u>1 mi S. of Ash Grove</u>
Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			

3. NAME OF DECEASED (Type or print) First Middle Last <u>JOSEPH LEONARD HOLLOWAY</u>			4. DATE OF DEATH Month Day Year <u>MAY 29 1958</u>			
5. SEX <u>Male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>5-28-58</u>		9. AGE (In years last birthday) UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min. <u>— — 2 30</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Infant</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Infant</u>		11. BIRTHPLACE (Give state or country) <u>Waverly, Appled. Mo.</u>		
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>						

13a. FATHER'S NAME <u>Joseph Holloway</u>		13b. MOTHER'S MAIDEN NAME <u>Connie Dyal</u>		NAME OF HUSBAND OR WIFE <u>Infant</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>no</u>		17. INFORMATION <u>Hospital Records Joseph Holloway, Ash Grove, Mo.</u>	

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>stelectasis</u>		INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <u>Premature Birth</u>	
	DUE TO (c) <u>7625</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		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.)			
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.					
20d. INJURY OCCURRED WHILE AT <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	

21. I attended the deceased from 5/29/58 to 5/29/58 and last saw ^{her} alive on 5/29/58
Death occurred at 12:30 AM m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Lyman D. Brown M.D. 22b. ADDRESS 311 1/2 College 22c. DATE SIGNED 6/5/58

23a. BURIAL, CREMATION, OR REMOVAL (Specify) Burial 23b. DATE 5-30-58 23c. NAME OF CEMETERY OR CREMATORY Ash Grove Cemetery 23d. LOCATION (City, town, or county) (State) Ash Grove - Mo

24. FUNERAL DIRECTOR Brown - Daniel - Ash Grove - Mo ADDRESS 6-6-58 25. DATE RECD. BY LOCAL REG. 6-6-58 26. REGISTRAR'S SIGNATURE Effie B. Melton

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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

S. 300
v. 1-57

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 *Joseph L. Samuel*
Licensed Embalmer No. *770*
P. O. Address *444 2nd St*

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.