

Health,
Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-021136
STATE FILE NUMBER

FILED JUL 1 1958 Registration District No. 47 Primary Registration District No. 3008 Registrar's No. 148

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| 1. PLACE OF DEATH a. COUNTY Callaway | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before death) a. STATE Mo. b. COUNTY Callaway | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Fulton | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | c. CITY OR TOWN Auxvasse 0140 |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Callaway Mem. Hosp. | | Length of stay in lb 12 hrs | d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |

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| 3. NAME OF DECEASED (Type or print) First Middle Last Fred C. Holland | | | 4. DATE OF DEATH Month Day Year June 22 1958 | | |
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| 5. SEX M. | 6. COLOR OR RACE W. | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH Aug 23 1877 | 9. AGE (In years last birthday) 80 | IF UNDER 1 YEAR Months Days 9 29 | IF UNDER 24 HRS. Hours Min. 0 |
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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) Rural Mail Carrier | 10b. KIND OF BUSINESS OR INDUSTRY Postal Service | 11. BIRTHPLACE (City and state or country) Callaway Co. Mo. | 12. CITIZEN OF WHAT COUNTRY? U.S.A. |
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| 13a. FATHER'S NAME J.T. Holland | 13b. MOTHER'S MAIDEN NAME Sarah Shade | 14. NAME OF HUSBAND OR WIFE Mrs. Fred Holland |
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| 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. None | 17. INFORMANT Address Tom Holland Auxvasse Mo. |
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| 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 occlusion | | INTERVAL BETWEEN ONSET AND DEATH 5 days |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. | DUE TO (b) Coronary arteriosclerotic vascular disease | |
| | DUE TO (c) 4201 | |
| 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"/> |

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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.) |
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| 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 |
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| 21. I attended the deceased from Death occurred at Nov 1949 to 2 June 58 and last saw him alive on 21 June 58 A.M. on the date stated above; and to the best of my knowledge, from the causes stated. |
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| 22a. SIGNATURE E.R. Gish (Degree or title) | 22b. ADDRESS Fulton Mo | 22c. DATE SIGNED 28 June 58 |
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| 23a. BURIAL, CREMATION, or OTHER (Specify) Burial | 23b. DATE June 24 1958 | 23c. NAME OF CEMETERY OR CREMATORY Auxvasse Cem. | 23d. LOCATION (City, town, or county) (State) Callaway Co. Mo. |
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| 24. FUNERAL DIRECTOR Maupin Funeral Home | ADDRESS Auxvasse Mo. | 25. DATE RECD. BY LOCAL REG. June 28-1958 | 26. REGISTRAR'S SIGNATURE Maretha Lawrence |
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(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.

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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. V. P. 5502*

Licensed Embalmer No. *2555*

P. O. Address *Quinton*

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.