

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-035703
State File No.

FILED OCT 28 1958

BIRTH NO. _____ REG. DIST. NO. 53 PRIMARY REG. DIST. NO. 3010 Registrar's No. 497

1. PLACE OF DEATH a. COUNTY <u>Cape Girardeau</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Cape Girardeau</u>		b. COUNTY <u>Cape Gir.</u>	
c. LENGTH OF STAY (in this place) <u>2 Da.</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Jackson Mo.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>South East Hosp.</u>		d. STREET ADDRESS (If rural, give location) <u>208 Cherry St.</u>	

3. NAME OF DECEASED (Type or Print) <u>Anna L. Holliday</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 15 1958</u>		
a. (First)		b. (Middle)		c. (Last)	

5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Mar. 15 1880</u>	9. AGE (In years last birthday) <u>78</u>	IF UNDER 1 YEAR Months <u>7</u>	IF UNDER 6 Mths. Days <u>7</u>	IF UNDER 24 Hrs. Hours <u>7</u>	IF UNDER 1 Mln. Mins. <u>7</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House Wife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Keeping House</u>		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		

13a. FATHER'S NAME <u>Robert Hahn</u>	13b. MOTHER'S MAIDEN NAME <u>Susan Biri</u>	14. NAME OF HUSBAND OR WIFE <u>Joseph Holliday</u>
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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) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Clarence Hines</u>	ADDRESS <u>Detroit Mi</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial Infarction</u>		<u>5 weeks</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Coronary Sclerosis</u>		<u>10 yrs.</u>
DUE TO (c)			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? <u>0</u> YES <input type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>4201</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from Sept 5, 1958, to Oct 15, 1958, that I last saw the deceased alive on Oct 14, 1958, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE <u>D. N. Jaeger, M.D.</u>	(Degree or title)	23b. ADDRESS <u>Jackson, Mo.</u>	23c. DATE SIGNED <u>Oct 16, 1958</u>
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24a. BURIAL CREMATION REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>10-18-58</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Yount Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Near Hans Store Mo</u>
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DATE REC'D BY LOCAL REG. <u>Oct 23, 1958</u>	REGISTRAR'S SIGNATURE <u>Mrs. Homer Cozart</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Deneke-Laird</u>	ADDRESS <u>Jackson Mo.</u>
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WRITE PLAINLY—USING UNFADEING BLACK INK—MAKE A PERMANENT RECORD

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
Student Embalmer

Signed R. O. Rainey

Licensed Embalmer No. 4538

P. O. Address Jackson Mo.

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 this body is not embalmed, fact should be so stated above.