

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-000970

STATE FILE NUMBER

FILED JAN 19 1959

Registration District No. 128

Primary Registration District No. 2000

Registrar's No. 10A

S. 300
-1-57

1. PLACE OF DEATH a. COUNTY GREENE		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO b. COUNTY WEBSTER	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN SPRINGFIELD		c. CITY OR TOWN MARSHFIELD	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION BURGE Hosp		d. STREET ADDRESS (If outside, give location) 333 N CHAY	
3. NAME OF DECEASED (Type or print) First Middle Last OSCAR S HOLIDAY		4. DATE OF DEATH Month Day Year JAN 1 1959	
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH MAY 23 1881
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) GRAVEL SUIPT		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) OHIO
10c. CITIZEN OF WHAT COUNTRY? U.S.A		12. CITIZEN OF WHAT COUNTRY? U.S.A	
13a. FATHER'S NAME JOSEPH HOLIDAY		13b. MOTHER'S MAIDEN NAME ADA RANDALL	
14. NAME OF HUSBAND OR WIFE ELIZABETH		17. INFORMANT Address ELIZABETH HOLIDAY, MARSHFIELD	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES WWI		16. SOCIAL SECURITY NO. 482-05-9591	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Benign hypertrophy of the prostate			INTERVAL BETWEEN ONSET AND DEATH 4 50 5 yrs
DUE TO (b) Renal insufficiency due to pyelonephritis			1 mos
DUE TO (c) _____			
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.) ITEM 25 CORRECTED	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.		BY AFFIDAVIT OF Registrar 1-30-59	
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 Dec 24, 1958 to Jan 1, 1959 and last saw him alive on Dec 31, 1958 Death occurred at Jan 1, 1959 8:45 A.M. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE W. Johnson (Degree or title) M.D.		22b. ADDRESS 211 prof. Bldg., Springfield	
22c. DATE SIGNED 1-5-59			
23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL		23b. DATE 1-1-1959	
23c. NAME OF CEMETERY OR CREMATORY MARSHFIELD		23d. LOCATION (City, town, or county) (State) MARSHFIELD MO	
24. FUNERAL DIRECTOR ADDRESS BARBER-EDWARDS MARSHFIELD		25. DATE RECD. BY REG. 1-12-59	
26. REGISTRAR'S SIGNATURE Effie G. Melton			

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

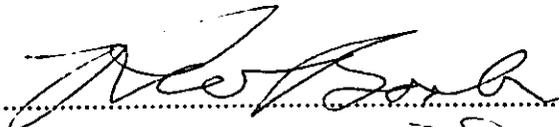
MS FEB 2 1976

JAN 20 1976

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 

Licensed Embalmer No. 384
P. O. Address Wm. Brown

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.