

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-001658

STATE FILE NUMBER

FILED JAN 27 1959

Registration District No. 154

Primary Registration District No. 5575

Registrar's No. 3

300
1-57

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY JACKSON	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY		c. CITY OR TOWN KANSAS CITY, MO	
Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 4507 E. 111 TERR.		d. STREET ADDRESS (If outside, give location) 4507 E. 111 TERR	
Length of stay in lb 2 3/4 YRS		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Middle Last JAMES EDWARD HOLMAN			4. DATE OF DEATH Month Day Year JAN. 16, 1959			
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH MAR. 8, 1881	9. AGE (In years last birthday) 77	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED FUR DEALER		10b. KIND OF BUSINESS OR INDUSTRY UNTANNED PELTS		11. BIRTHPLACE (City and state or country) RAY CO. MO.		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME UNK		13b. MOTHER'S MAIDEN NAME UNK		14. NAME OF HUSBAND OR WIFE RHODA HOLMAN		
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 OVERTON MADDUX 4507 E. 111 TERR K.C. 34 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 OCCLUSION		INTERVAL BETWEEN ONSET AND DEATH 15 MIN
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) ARTERIOSCLEROTIC HEART DISEASE	? YEARS
	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.) 4260
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 _____ to _____ and last saw her/him alive on 16 JAN '59 Death occurred at 9:05 P M on the date stated above; and to the best of my knowledge, from the causes stated.		
22a. SIGNATURE (Degree or title) Bruce R. Buie M.D.	22b. ADDRESS 5801 KINGSLAKE K.C. 34 MO.	22c. DATE SIGNED 17 JAN 59

23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	23b. DATE 1-16-59	23c. NAME OF CEMETERY OR CREMATORY OLD UNION	23d. LOCATION (City, town, or county) (State) RURAY, LAWSON, MO.
24. FUNERAL DIRECTOR JARMAN FUNERAL HOME	ADDRESS LAWSON MO.	25. DATE RECD. BY LOCAL REG. 12-59	26. REGISTRAR'S SIGNATURE Sterling Edwards

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Medical Certification
All diseases in Part I must be causally related.
Bruce R. Buie

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 *Ralph Van Landingham*
Licensed-Embalmer No. *4009*
P. O. Address *Clatsop Springs, Or*

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.