Health, Welfare Public Service

300 -57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-004662

STATE FILE NUMBER

FILED MAR 6 1959

Registration District No. 43 Primary Registration District No. 3007 Registrar's No. 94

1. PLACE OF DEATH

a. COUNTY: Butler

b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only): Poplar Bluff — Inside Limits: Yes [X] No [ ]

c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): DRS. Hospital — Length of stay in 1b: 15 days

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE: Missouri b. COUNTY: Ripley

c. CITY OR TOWN: Naylor 0910 — Inside Limits: Yes [ ] No [X]

d. STREET ADDRESS (If outside, give location): Box 95 — Reside on Farm: Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First: Joeanna Middle: Hopkins Last: Holaway

4. DATE OF DEATH Month, Day, Year: February 15, 1959

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED [X] **NEVER MARRIED** [ ] **WIDOWED** [ ] **DIVORCED** [ ]

8. DATE OF BIRTH: Feb. 14, 1885

9. AGE (In years last birthday): 74 — IF UNDER 1 YEAR: Months: 0 Days: 1 — IF UNDER 24 HRS.: Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farming

10b. KIND OF BUSINESS OR INDUSTRY: Farm

11. BIRTHPLACE (City and state or country): FLORENCE, Alabama

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13a. FATHER'S NAME: Unknown

13b. MOTHER'S MAIDEN NAME: Unknown

14. NAME OF HUSBAND OR WIFE: Maude Holaway

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): ------

16. SOCIAL SECURITY NO.: 429-20-5664

17. INFORMANT: Mrs. Maude Holaway Address: Box 95 Naylor, Mo.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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: 2 mths

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b): Coronary Arteriosclerosis

DUE TO (c):

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): 4201

19. WAS AUTOPSY PERFORMED? YES [ ] NO [ ]

20a. ACCIDENT [ ] **SUICIDE** [ ] **HOMICIDE** [ ]

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

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 1-29-59, to 2-15-59 and last saw him alive on 2-15-59

Death occurred at 1:20 P M m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Marvin R. Barbour, MD

22b. ADDRESS: 621 Pine Boulevard Poplar Bluff, Missouri

22c. DATE SIGNED: 2-20-59

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: Feb. 18, 1959

23c. NAME OF CEMETERY OR CREMATORY: MASONIC CEMETERY

23d. LOCATION (City, town, or county) (State): NAYLOR - MISSOURI

24. FUNERAL DIRECTOR: Russell-Ermert ADDRESS: Box 377 Corning, Ark.

25. DATE RECD. BY LOCAL REG.: 2/28/59

26. REGISTRAR'S SIGNATURE: [illegible]

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard terms, preferably those in the Manual, in describing causes of death. All diseases in Part I must be causally related.

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 Richard O. Ermer

Licensed Embalmer No. 18

P. O. Address Corning, Ia.

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.