

Health,
Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-008174

STATE FILE NUMBER 50

FILED MAR 3 1959

Registration District No. 360 Primary Registration District No. 3076

Registrar's No. 50

300
-57

1. PLACE OF DEATH a. COUNTY VERNON		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY VERNON	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN NEVADA		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN BRONOUGH MO 108 E
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION NEVADA CITY HOSPT		Length of stay in 1b 2 WEEKS	d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First MARY Middle BELLE Last HOLLAND			4. DATE OF DEATH Month FEB Day 24 Year 1959		
5. SEX FEMALE	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 DEC 1 1879	9. AGE (In years last birthday) 79	IF UNDER 1 YEAR Months 2 Days 23

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE	10b. KIND OF BUSINESS OR INDUSTRY I	11. BIRTHPLACE (City and state or country) LITTLE ROCK ARK	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME HENRY T. HAWKINS	13b. MOTHER'S MAIDEN NAME L	14. NAME OF HUSBAND OR WIFE ORA HUE 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 EARL HOLLAND	Address BRONOUGH 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) Nephritis		INTERVAL BETWEEN ONSET AND DEATH Don't know
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) ✓	
	DUE TO (c) ✓	

20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) 593X
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20c. TIME OF INJURY Hour a.m. Month 1 Day 1 Year 1959	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, etc.) 593X	20f. CITY, TOWN, OR LOCATION Nevada	COUNTY Vernon	STATE MO
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21. I attended the deceased from 2-7-59 to 2-24-59 , and last saw her alive on 2-23-59 . Death occurred at 5 AM on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE W. Love Mrs	22b. ADDRESS Nevada, MO	22c. DATE SIGNED 2-25-59
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23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE FEB 26-59	23c. NAME OF CEMETERY OR CREMATORY WORSLEY CEMETERY	23d. LOCATION (City, town, or county) (State) VERNON CO MO
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24. FUNERAL DIRECTOR BEEBY FUNERAL HOME	ADDRESS SHELSON, MO	25. DATE RECD. BY LOCAL REG. 2-27-1959	26. REGISTRAR'S SIGNATURE Anna E. Perry
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(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Medical certificate in Part 1 must be causally related.

VS APR 2 1959

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 *S. Bernard Burns*

Licensed Embalmer No. *4161*

P. O. Address *Hullon M*

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.