

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-009874
STATE FILE NUMBER

FILED APR 8 1959 Registration District No. 156 Primary Registration District No. 2001 Registrar's No. 183

300
-57

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1. PLACE OF DEATH a. COUNTY Jasper		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jasper	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Joplin		c. CITY OR TOWN Joplin	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION D.O.A. Freeman Hospital		d. STREET ADDRESS (If outside, give location) 515 St. Charles	
3. NAME OF DECEASED (Type or print) First Middle Last William Benjamin Holland			4. DATE OF DEATH Month Day Year March 29, 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 Feb. 25, 1897
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Shop Foreman - Rogers Ironworks		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) (Unknown) Arkansas
13a. FATHER'S NAME Ed Holland		13b. MOTHER'S MAIDEN NAME Unknown	14. NAME OF HUSBAND OR WIFE Elizabeth Holland
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) Yes W.W.I.		16. SOCIAL SECURITY NO. 491-01-1284	17. INFORMANT Address Mrs Elizabeth Holland Joplin Missouri
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral embolism Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Arterio sclerotic heart disease DUE TO (c) 4200			INTERVAL BETWEEN ONSET AND DEATH 30 Minutes ?
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.)	
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 June 1956 to 3-29-59 and last saw her alive on 10-29-58 Death occurred at 3-29-59 11:15 P m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <i>Richard Lewis, M.D.</i>		22b. ADDRESS 302 Medical Arts Bldg. Joplin, Mo.	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE April 1, 1959	23c. NAME OF CEMETERY OR CREMATORY Ozark Memorial Park
		23d. LOCATION (City, town, or county) Joplin	(State) Missouri
24. FUNERAL DIRECTOR Hedge-Lewis Funeral Home, Webb City Mo.		25. DATE RECD. BY LOCAL REG. 4-3-1959	26. REGISTRAR'S SIGNATURE <i>Dove Merriam</i>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

APR 8 1955

APR 9 1950

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 Hoy Lewis*

Licensed Embalmer No. *4405*

P. O. Address *West City, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.