

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-022239
STATE FILE NUMBER

FILED JUN 17 1959 Registration District No. 226 Primary Registration District No. 4338 Registrar's No. 181

1. PLACE OF DEATH a. COUNTY Monroe		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Monroe	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Monroe City		c. CITY OR TOWN Monroe City,	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION at home		d. STREET ADDRESS 321 E. Front	

3. NAME OF DECEASED (Type or print) First Middle Last Mrs. Ethel Grimes Holiday			4. DATE OF DEATH Month Day Year June, 10, 1959		
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5. SEX Female	6. COLOR OR RACE Negro	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Nov. 5, 1893	9. AGE (In years last birthday) 66	IF UNDER 1 YEAR Months Days 7 5	IF UNDER 24 HR Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework	10b. KIND OF BUSINESS OR INDUSTRY home	11. BIRTHPLACE (City and state or country) Nelson, Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Alfred Jordon	13b. MOTHER'S MAIDEN NAME Martha Banks	14. NAME OF HUSBAND OR WIFE Dell Holiday, Monroe, Ct
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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. 	17. INFORMANT James Grimes, Marshall, Missouri	Address
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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) CEREBRAL HEMORRHAGE		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)	
	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.)
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20c. TIME OF INJURY Hour 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
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21. I attended the deceased from _____, to _____ and last saw her alive on _____ Death occurred at 11:34a; m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <i>Russell T. Wilson</i> CORONER	(Degree or title) 3	22b. ADDRESS MONROE CITY, MISSOURI.	22c. DATE SIGNED 6/11/59
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 13 June 59	23c. NAME OF CEMETERY OR CREMATORY MARSHALL CEMETERY	23d. LOCATION (City, town, or county) (State) MARSHALL, MISSOURI.
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24. FUNERAL DIRECTOR George H. Green, Marshall, Missouri	ADDRESS 	25. DATE RECD. BY LOCAL REG. 13 June 59	26. REGISTRAR'S SIGNATURE <i>E. L. Robertson</i>
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securing the medical certification in the specific manner required by 193.140 MORCS 1949.
 Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed.
 All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
 MEDICAL CERTIFICATION

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
George H. Green

Licensed Embalmer No. *4220*
P. O. Address *Merrell, 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.