

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-026764
State File No. _____
2 6362
Registrar No. _____

03
7I

FILED JUL 17 1959

1. PLACE OF DEATH a. COUNTY _____		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before institution). a. STATE <u>Illinois</u> b. COUNTY <u>Montgomery</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		c. LENGTH OF STAY (in this place) <u>1 month</u>	c. CITY OR TOWN <u>Hillsboro</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Barnes Hospital</u>		d. Is Residence within limits of a city (incorporated town)? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
e. STREET ADDRESS (If rural, give location) <u>119 Truesdell Place</u>			
3. NAME OF DECEASED (Type or Print)	a. (First) <u>Ulysses</u>	b. (Middle) <u>W.</u>	c. (Last) <u>HOLLOWAY</u>
4. DATE OF DEATH	(Month) <u>July</u>	(Day) <u>3</u>	(Year) <u>1959</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Aug 1877</u>
9. AGE (In years last birthday)	<u>81</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 6 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Ret. Farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Agriculture</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Illinois</u>	12. CITIZEN OF WHAT COUNTRY? <u>U. S.</u>
13a. FATHER'S NAME <u>Wm Henry and Holloway</u>	13b. MOTHER'S MAIDEN NAME <u>Lucy M. Jackson</u>	14. NAME OF HUSBAND OR WIFE <u>Naoma J. Holloway</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>not known</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Chas. Ingold, Alton, Ill.</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Primary Carcinoma of the Prostate</u> ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i> <u>177x</u>		INTERVAL BETWEEN ONSET AND DEATH <u>27 years</u>
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>1956</u> , 19____, to <u>7/3/59</u> , 19____, that I last saw the deceased alive on <u>7/3/59</u> , 19____, and that death occurred at <u>3:10p.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>FR Bradley</u>	(Degree or title) <u>M. D.</u>	23b. ADDRESS <u>Barnes Hospital</u>	23c. DATE SIGNED <u>7/4/59</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>5 July 1959</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Glendale</u>	24d. LOCATION (City, town, or county) (State) <u>Fillmore, Illinois</u>
DATE REC'D BY LOCAL REG. <u>JUL 6 '59</u>	REGISTRAR'S SIGNATURE <u>Loan Smith, M.D.</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>W. E. Bass Hillsboro, Ill.</u>	

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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..... *D. E. Bon*

Licensed Embalmer No..2675.....

P. O. Address... Hillsboro, I.....

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.