

URI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-035484

FILED VS NOV 4 1959 59

STATE FILE NUMBER

Registration District No. _____ Primary Registration District No. _____ Registrar's No. 162

ENDED

1. PLACE OF DEATH a. COUNTY Cass		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Cass	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Pleasant Hill		Length of stay in 1b 5 years	c. CITY OR TOWN Pleasant Hill Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 210 N. Lake		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 210 N. Lake Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Myrtie Middle Frances Last Holley			4. DATE OF DEATH Month Oct. Day 27 Year 1959			
5. SEX F	6. COLOR OR RACE W	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH April 27, 1876-	9. AGE (last birthday) 83	IF UNDER 1 YEAR Months _____ Days _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10b. KIND OF BUSINESS OR INDUSTRY -----	11. BIRTHPLACE (City and state or country) Fairfield, Missouri		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME John Alexander		13b. MOTHER'S MAIDEN NAME Dicy Cox		14. NAME OF HUSBAND OR WIFE John E. Holley		

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) none	17. INFORMANT Address Mrs. William James-Pleasant, Hill, 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:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Cerebrovascular accident	30 min
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Carcinomatosis, abdomen	3 mo
	DUE TO (c) Primary site undiagnosed	

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)	PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input 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 _____ a.m. _____ p.m. Month, Day, Year _____	20d. INJURY OCCURRED WHILE AT WORK <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 11-22-54 to 10-27-59 and last saw her ^{him} alive on 10-27-59
Death occurred at 2:12 A.M. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Clive E. Klum MD	22b. ADDRESS Pleasant Hill, Mo	22c. DATE SIGNED 10-27-59
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23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	23b. DATE 10-29-59	23c. NAME OF CEMETERY OR CREMATORY FRISTOE CEM.	23d. LOCATION (City, town, or county) (State) FRISTOE, MISSOURI
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24. FUNERAL DIRECTOR ADDRESS Brownfield-Stanley Pleasant Hill, Mo.	25. DATE RECD. BY LOCAL REG. 10-28-1959	26. REGISTRAR'S SIGNATURE MaRay Sebree
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(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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. 594

working under my personal supervision.

Student

Donald R. Wiseman
Signature of Student Embalmer

Signed

Raymond A. Stanley

Licensed Embalmer No.

5008

P. O. Address

Pleasant Hill

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.