URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

59–040117

STATE FILE NUMBER

FILED VS DEC 10 1959

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 5555

RENDED

1. PLACE OF DEATH
a. COUNTY: Jackson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Kansas City — Length of stay in 1b: 4 yrs.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: 1112 Oak Street — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Jackson
c. CITY OR TOWN: Kansas City — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 3132 Brooklyn Ave. — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: Jiles — Middle: — Last: Holloway
4. DATE OF DEATH: Month: Nov. Day: 16, Year: 1959
5. SEX: Male
6. COLOR OR RACE: Col.
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 4/9/17
9. AGE (last birthday): 42 — IF UNDER 1 YEAR: Months: Days: — IF UNDER 24 HR: Hours: Min.:
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
10b. KIND OF BUSINESS OR INDUSTRY: Wrecking Co.
11. BIRTHPLACE (City and state or country): Huntington Arkansas
12. CITIZEN OF WHAT COUNTRY: U.S.
13a. FATHER'S NAME: William Holloway
13b. MOTHER'S MAIDEN NAME: Bertha Hooper
14. NAME OF HUSBAND OR WIFE: Ida Vera Holloway
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): World War II
16. SOCIAL SECURITY NO.: 431-01-7631
17. INFORMANT: Mrs. Ruth Mason, Address: 3132 Brooklyn

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Traumatic Shock
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Internal Hemorrhage
DUE TO (c): Multiple Skeletal Fractures
INTERVAL BETWEEN ONSET AND DEATH:
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. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐
20a. ACCIDENT ☒ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Excavation - Cave-in.
20c. TIME OF INJURY: Hour 11:30 a.m. ~~p.m.~~ Month, Day, Year: 11/16/59
20d. INJURY OCCURRED WHILE AT WORK ☒ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): 1114 Oak
20f. CITY, TOWN, OR LOCATION: Kansas City, COUNTY: Jackson, STATE: Mo.

21. I attended the deceased from _____, to _____ and last saw her/him alive on _____
Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): M. Tillman M.D. Deputy Coroner
22b. ADDRESS: 1618 Lydia Ave.
22c. DATE SIGNED: 11/17/59

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal
23b. DATE: 11/18/59
23c. NAME OF CEMETERY OR CREMATORY: National Cemetery
23d. LOCATION (City, town, or county) (State): Springfield, Illinois

24. FUNERAL DIRECTOR — ADDRESS: Badeau, Appleton & Jones, K.C., Mo.
25. DATE RECD. BY LOCAL REG.: 11-18-59
26. REGISTRAR'S SIGNATURE: Nera Minshall

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF M. Tillman

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by m

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed Eddie Middleton

Signature of Student Embalmer

Licensed Embalmer No. 5046

P. O. Address Kansas City, MO.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comp 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.