

FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS DEC 1 1959

59-043118

STATE FILE NUMBER

Registration District No. 360 Primary Registration District No. 3076 Registrar's No. 237

INDEXED

1. PLACE OF DEATH a. COUNTY Vernon		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Vernon	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Nevada, Missouri		Length of stay in lb 22 yrs.	c. CITY OR TOWN Nevada, Missouri Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Home, 524 W-Cherry St.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 524 West Cherry St. Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Oscar Middle Glenwood Last Holland	4. DATE OF DEATH Month November Day 21 Year 1959
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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 8-26-1901	9. AGE (last birthday) 58	IF UNDER 1 YEAR Months 2 Days 26	IF UNDER 24 HR Hours 1 Min. 0
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House heating	10b. KIND OF BUSINESS OR INDUSTRY Furnace work	11. BIRTHPLACE (City and state or country) Kansas City, Missouri	12. CITIZEN OF WHAT COUNTRY U.S.A.
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13a. FATHER'S NAME Oscar R. Holland	13b. MOTHER'S MAIDEN NAME Laura Tomason	14. NAME OF BORN OR WIFE Ethel Holland
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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. 490-05-8394	17. INFORMANT Mrs. Ethel Holland, Wife Nevada, 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: IMMEDIATE CAUSE (a) Crown artery occlusion with myocardial infarction		INTERVAL BETWEEN ONSET AND DEATH 1 hour
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)	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 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 8:30 a.m. pm Month, Day, Year 2/16/48	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 Nevada COUNTY MO STATE MO
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21. I attended the deceased from 2/16/48 to 11/21/59 and last saw him alive on 11/21/59 Death occurred at 8:30 pm on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Dated or title) Ray W. Pearson	22b. ADDRESS Nevada Mo	22c. DATE SIGNED 11/20/59
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 11-24-1959	23c. NAME OF CEMETERY OR CREMATORY Newton Burial Park	23d. LOCATION (City, town, or county) (State) Nevada, Vernon, Missouri
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24. FUNERAL DIRECTOR Hays Funeral Service, Inc Nevada, Missouri	25. DATE RECD. BY LOCAL REG. 11-28-1959	26. REGISTRAR'S SIGNATURE Anna J. Perry
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DOCUMENT MEDICAL CERTIFICATION BY AFFIDAVIT OF

JAN 29 1962

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 J. Gifford*

Licensed Embalmer No. *5753*

P. O. Address *R. Gifford*

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.