

JURISDICTION DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60=019767

FILED VS JUN 1 1960

STATE FILE NUMBER

Registration District No. 150 Primary Registration District No. 5574 Registrar's No. 122

1. PLACE OF DEATH a. COUNTY <b>JACKSON</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>JACKSON</b>			
b. CITY (If outside corporate limits, give TOWNSHIP only) <b>Van Buren Twp.</b>		Length of stay in lb <b>20 yrs</b>		c. CITY OR TOWN <b>Lake Lotawana</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (IF NOT in hospital, give location) <b>RURAL LEE'S SUMMIT</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <b>LAKE LOTAWANA 18 I</b>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <b>Louis</b> Middle <b>Edward</b> Last <b>Holland</b>				4. DATE OF DEATH Month <b>MAY</b> Day <b>25</b> , Year <b>1960</b>			
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>JUNE 29, 1878</b>	9. AGE (last birthday) <b>81 yrs</b>	IF UNDER 1 YEAR Months <input type="checkbox"/> Days <input type="checkbox"/>	IF UNDER 24 HR Hours <input type="checkbox"/> Min. <input type="checkbox"/>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>CHAIRMAN OF THE BOARD OF HOLLAND ENGRAVING CO.</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>PARMA N. Y.</b>		12. CITIZEN OF WHAT COUNTRY <b>USA</b>		
13a. FATHER'S NAME <b>EDWARD HOLLAND</b>			13b. MOTHER'S MAIDEN NAME <b>CAPITOLA WOODAMS</b>		14. NAME OF HUSBAND OR WIFE <b>LORANCE HOLLAND</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>			16. SOCIAL SECURITY NO. <b>486 01 6920</b>		17. INFORMANT Address <b>LORANCE HOLLAND Lake Lotawana Mo.</b>		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Ca of Prostate</b> 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						INTERVAL BETWEEN ONSET AND DEATH <b>2 yrs</b>	
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.)					
20c. TIME OF INJURY Hour _____ s.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 <b>7-21-55</b> to <b>5-24-60</b> and last saw him alive on <b>5-25-60</b> . Death occurred at <b>Convenient No 7</b> on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <b>W. H. Knight M.D.</b>			22b. ADDRESS <b>Lee's Summit Mo</b>			22c. DATE SIGNED <b>5-26-60</b>	
23a. BURIAL, CREATION, REMOVAL (Specify) <b>BURIAL</b>	23b. DATE <b>MAY 27, 1960</b>	23c. NAME OF CEMETERY OR CREMATORY <b>MT. WASHINGTON CEM</b>	23d. LOCATION (City, town, or county) (State) <b>KANSAS CITY MO.</b>				
24. FUNERAL DIRECTOR ADDRESS <b>D. W. NEWCOMER'S SONS KC. MO.</b>			25. DATE RECD. BY LOCAL REG. <b>5-27-60</b>	26. REGISTRAR'S SIGNATURE <b>W. B. Langford</b>			

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

JUN 7 1960

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Albert L. Savage

Licensed Embalmer No. 4812

P. O. Address Hansa, Wis.

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.