

**DEPARTMENT OF HEALTH - STANDARD CERTIFICATE OF DEATH**  
**FILED VS JUN 17 1960**

**=60-023211**  
 STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 2992

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) OR TOWN <b>Kansas City</b>		Length of stay in 1b <b>18 yrs.</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Northeast Hospital</b>		d. STREET ADDRESS (If outside, give location) <b>6402 East 16th. St.</b>	
3. NAME OF DECEASED (Type or print) First <b>Orbin</b> Middle <b>Holman</b> Last		4. DATE OF DEATH Month <b>June</b> Day <b>2</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>5/19/1901</b>
9. AGE (last birthday) <b>59</b>		IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Steel worker</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Union Wire Rope</b>	
11. BIRTHPLACE (City and state or country) <b>Neola, Iowa</b>		12. CITIZEN OF WHAT COUNTRY <b>USA</b>	
13a. FATHER'S NAME <b>Buford Holman</b>		13b. MOTHER'S MAIDEN NAME <b>Rhoda O'Daniel</b>	
14. NAME OF HUSBAND OR WIFE <b>Mary Jane Holman</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>491-07-5263</b>	
17. INFORMANT <b>Mary Jane Holman</b>		Address <b>6402 E. 16th. K.C., 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>Lobar Pneumonia</b> DUE TO (b) <b>Spongia Blastoma Posterior Temporal lobe</b> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			INTERVAL BETWEEN ONSET AND DEATH <b>78 hours</b> <b>3-5 years.</b>
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
19. WAS AUTOPSY PERFORMED? YES <input checked="" 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 <b>Sept 6 1955</b> to <b>June 2, 1960</b> and last saw him alive on <b>June 1, 1960</b> Death occurred at <b>1:55 AM June 2, 1960</b> m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <b>R. H. Boyd, Jr.</b> (Degree or title)		22b. ADDRESS <b>9529T ROMAN</b>	22c. DATE SIGNED <b>6/2/60</b> (State)
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>6/4/60</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Green Lawn Cemetery</b>	23d. LOCATION (City, town, or county) <b>Kansas City, Missouri</b>
24. FUNERAL DIRECTOR <b>Earp &amp; Sons 4707 Truman Rd. K. C., Mo.</b> ADDRESS		25. DATE RECD. BY LOCAL REG. <b>6-3-60</b>	26. REGISTRAR'S SIGNATURE <b>neva minshall</b>

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 \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_ or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_ working under my personal supervision.

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

Signed

*James W. Earp*

Licensed Embalmer No. 4622

P.O. Address N.C.; Mo.

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.