

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS SEP 26 1960

254

Primary Registration District No.

5867

Registrar's No.

42

60-035621

STATE FILE NUMBER

INDEXED

| | | | | | | | | |
|---|--|---|---|---|--|--|--|--|
| 1. PLACE OF DEATH a. COUNTY Oregon | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Oregon | | | | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Thayer | | Length of stay in 1b 3 year | | c. CITY OR TOWN Thayer | | Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION | | | | Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | | d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | | |
| 3. NAME OF DECEASED (Type or print) Harold William Holland | | | First Middle Last | | | 4. DATE OF DEATH Sept. 16, 1960 | | |
| 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 4-27-1910 | | |
| | | | | 9. AGE (last birthday) 50 | | 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) Retired | | | 10b. KIND OF BUSINESS OR INDUSTRY Retired | | 11. BIRTHPLACE (City and state or country) Deller, Nebr. | | 12. CITIZEN OF WHAT COUNTRY U.S.A. | |
| 13a. FATHER'S NAME Marion Holland | | | 13b. MOTHER'S MAIDEN NAME Maudie Holland | | | 14. NAME OF HUSBAND OR WIFE Virginia Patterson | | |
| 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. 712-10-1109 | | 17. INFORMANT Mrs. Virginia Holland, Thayer, Mo. | | | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Spontaneous pneumothorax DUE TO (b) Left pneumonia DUE TO (c) Pulmonary tuberculosis Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. | | | | | | | INTERVAL BETWEEN ONSET AND DEATH 15 min. | |
| 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 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 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 DOA to _____ and last saw her/him alive on _____ Death occurred at 3:30 A. _____ m on the date stated above, and to the best of my knowledge, from the causes stated. | | | | | | | | |
| 22a. SIGNATURE Arvalker (Degree or title) MD | | | | 22b. ADDRESS Mammoth Spring Ark. | | 22c. DATE SIGNED 9-19-60 | | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 23b. DATE 9-19-60 | | 23c. NAME OF CEMETERY OR CREMATORY Thayer Cemetery | | 23d. LOCATION (City, town, or county) (State) Thayer, Missouri | | |
| 24. FUNERAL DIRECTOR Edward Carter | | ADDRESS Thayer, Mo | | 25. DATE RECD. BY LOCAL REG. 9-19-60 | | 26. REGISTRAR'S SIGNATURE Arthur Wolff | | |

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

0961 OCT 4 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 _____, Student Embalmer No. _____ or by _____, Student Embalmer No. _____ working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Edward Carter

Licensed Embalmer No. 4516

P.O. Address West Plains

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