

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS OCT 11 1960

=60-035878

INDEXED

Registration District No. 316 Primary Registration District No. Registrar's No. 385 STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <u>ST. FRANCIS</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>ST. LOUIS</u>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>FARMINGTON-RURAL</u>		Length of stay in 1b	c. CITY OR TOWN <u>St Louis 28, Mo.</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>DEAD ON ARRIVAL MINERAL AREA OSTEOPATHIC HOSPITAL</u>			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>10168 CAROLYNNE DR.</u>	
3. NAME OF DECEASED (Type or print) First Middle Last <u>EUGENE MARK HOLLEY</u>			4. DATE OF DEATH Month Day Year <u>OCT. 3, 1960</u>		
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <u>AUG 7-49</u>	9. AGE (last birthday) <u>11</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>CHILD</u>		10b. KIND OF BUSINESS OR INDUSTRY <u> </u>		11. BIRTHPLACE (City and state or country) <u>ST. LOUIS MO</u>	12. CITIZEN OF WHAT COUNTRY <u>USA</u>
13a. FATHER'S NAME <u>LEO W HOLLEY</u>		13b. MOTHER'S MAIDEN NAME <u>ROBERTA DAVIS</u>		14. NAME OF HUSBAND OR WIFE <u> </u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u> </u>		17. INFORMANT Address	

DOCUMENT

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:			INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) <u>RESPIRATORY FAILURE</u>			<u>UNKNOWN</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <u>PULMONARY CONGESTION</u>		<u>UNKNOWN</u>
	DUE TO (c) <u>CARDIAC FAILURE</u>		<u>UNKNOWN</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>MONGOLISM, POSSIBLE CARDIAC ANOMALY</u>			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 Month, Day, Year a.m. p.m.		
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 PATIENT DEAD ON ARRIVAL and saw him on OCTOBER 3, 1960
Death occurred at 11:30 AM on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <u>Claph & Cooper DO</u>		22b. ADDRESS <u>Farmington Missouri</u>		22c. DATE SIGNED <u>10-3-60</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	23b. DATE <u>10-5-60</u>	23c. NAME OF CEMETERY OR CREMATORY <u>MARCUS MEMORIAL PARK</u>	23d. LOCATION (City, town, or county) (State) <u>MADISON Co MO.</u>	
24. FUNERAL DIRECTOR <u>W. Adamson - FREDERICKTOWN MO</u>		25. DATE RECD. BY LOCAL REG. <u>Oct. 5, 1960</u>	26. REGISTRAR'S SIGNATURE <u>Ether Rudloff</u>	

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

Student _____
Signature of Student Embalmer

Signed Raymond B. White

Licensed Embalmer No. 4884

P. O. Address Fredonia

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.