

IRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-041003

FILED VS NOV 28 1960

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Registration District No. 5101

Registrar's No. 46

STATE FILE NUMBER

INDEXED

1. PLACE OF DEATH a. COUNTY BENTON				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY BENTON			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN FAIRFIELD (Alexander Township) Mo		Length of stay in 1b life		c. CITY OR TOWN FAIRFIELD		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) 2 miles west		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Josephine (NONE) Middle HOLLAND Last			4. DATE OF DEATH Month NOV Day 19 Year 1960				
5. SEX Female	6. COLOR OR RACE white	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH Mar 29, 1882	9. AGE (last birthday) 78	IF UNDER 1 YEAR Months 7 Days 20	IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home		10b. KIND OF BUSINESS OR INDUSTRY -		11. BIRTHPLACE (City and state or country) Fairfield, Mo		12. CITIZEN OF WHAT COUNTRY U.S.A	
13a. FATHER'S NAME John Holland		13b. MOTHER'S MAIDEN NAME Cordellia Curtis		14. NAME OF HUSBAND OR WIFE Never married			
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. NONE		17. INFORMANT Address Ada Holland Fairfield			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Malnutrition						INTERVAL BETWEEN ONSET AND DEATH 3 mos.	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Linitis plastica						1 year	
DUE TO (c)							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Arteriosclerosis; osteoarthritis spine & hip					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 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 1946 to Nov. 19, 1960 and last saw her ^{her} him alive on Nov. 18, 1960				Death occurred at 12:20 A. m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Ed Snodgrass, M.D. (Degree or title)			22b. ADDRESS Warsaw, Missouri			22c. DATE SIGNED 11/21/60	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Nov 21, 1960	23c. NAME OF CEMETERY OR CREMATORY Shiloh Cemetery		23d. LOCATION (City, town, or county) (State) Bentonville Benton Mo			
24. FUNERAL DIRECTOR John J. Reser Warsaw ADDRESS			25. DATE RECD. BY LOCAL REG. Nov. 21, 1960	26. REGISTRAR'S SIGNATURE Jas. A. Logan			

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1951 7 2 INC. SA

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 John F. Reser

Licensed Embalmer No. 409

P. O. Address Wassau

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