

DEPARTMENT OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-046936

STATE FILE NUMBER

FILED VS. JAN 9 1961 243

Registration District No. 4364 Primary Registration District No. 57 Registrar's No.

1. PLACE OF DEATH a. COUNTY Newton		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY McDonald	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Stella	Length of stay in 1b 2 days	c. CITY OR TOWN Jane	Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Cardwell Mem. Hosp.		d. STREET ADDRESS (If outside, give location) City	Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First George Middle Edward Last Holland			4. DATE OF DEATH Month Nov. Day 17 Year 1960			
5. SEX Male	6. COLOR OR RACE W	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 12-29-1885	9. AGE (last birthday) 74	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Retired	11. BIRTHPLACE (City and state or country) State of Nebr.	12. CITIZEN OF WHAT COUNTRY U.S.A.		
13a. FATHER'S NAME Geo. F. Holland		13b. MOTHER'S MAIDEN NAME Alice Loace		14. NAME OF HUSBAND OR WIFE Sarah Holland		
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 Mrs. Sarah Holland Jane, Mo.			

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)	Medullary Failure	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	Cerebral Anoxia	
DUE TO (b)	Cerebral Vasculature Accident	
DUE TO (c)		

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Semibiz	PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> N. <input type="checkbox"/> Unknown
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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 <input type="checkbox"/> a.m. <input type="checkbox"/> 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 **March 1960** to **Nov. 17, 1960** and last saw ^{her}him alive on **Nov. 15, 1960**
Death occurred at **4:09 AM** m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) W. White M.D.	22b. ADDRESS Trinidad, Mo.	22c. DATE SIGNED 11-18-60
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 11-19-60	23c. NAME OF CEMETERY OR CREMATORY Jane Cem.	23d. LOCATION (City, town, or county) (State) Jane — Mo.
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24. FUNERAL DIRECTOR Humphrey & Son Pineville, Mo.	25. DATE RECD. BY LOCAL REG. 11-19-60	26. REGISTRAR'S SIGNATURE Mildred Moherly
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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 _____
or by _____, Student Embalmer No. _____ ✓

working under my personal supervision.

Student _____ ✓
Signature of Student Embalmer

Signed *J. M. Humphrey*

Licensed Embalmer No. 4708

P. O. Address Noel, 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.