MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS JAN 9 1961

-61-001107
STATE FILE NUMBER

Registration District No. 133 Primary Registration District No. 3022 Registrar's No. 2

AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED | INSTEAD OF | SHOULD READ | ITEM NO. | BY AFFIDAVIT OF DOCUMENT

1. PLACE OF DEATH
a. COUNTY Harrison
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Bethany — Length of stay in 1b
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Lacy Convalescent — Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Harrison
c. CITY OR TOWN Rural Sherman twp — Inside Limits Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location) 7 Mile SE Bethany — Reside on Farm Yes ☒ No ☐

3. NAME OF DECEASED (Type or print) First Eda Middle Loree Last Holley
4. DATE OF DEATH Month 1 Day 3 Year 61
5. SEX Female
6. COLOR OR RACE White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH 9-3-17
9. AGE (last birthday) 43 — IF UNDER 1 YEAR Months 4 Days 0 — IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY —
11. BIRTHPLACE (City and state or country) Harrison County Mo.
12. CITIZEN OF WHAT COUNTRY U.S.
13a. FATHER'S NAME Alva Springer
13b. MOTHER'S MAIDEN NAME Mabel Thomas
14. NAME OF HUSBAND OR WIFE Marvin Holley
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No No
16. SOCIAL SECURITY NO.
17. INFORMANT Marvin Holley Address Bethany Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Broncho-Pneumonia — INTERVAL BETWEEN ONSET AND DEATH 48 hrs.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Carcinoma of Right Breast — 6 mo.
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Generalized Metastasis from Carcinoma of Breast
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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 ☐ NOT WHILE AT WORK ☐
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 11-18-60, to 1-3-61 and last saw her alive on 1-3-61
Death occurred at 12:20 P.M. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) G. H. Hoag D.O.
22b. ADDRESS Bethany, Mo.
22c. DATE SIGNED 1-4-61

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 1-5-61
23c. NAME OF CEMETERY OR CREMATORY Mirian
23d. LOCATION (City, town, or county) (State) Bethany Mo.

24. FUNERAL DIRECTOR M B Haas ADDRESS Bethany Mo.
25. DATE RECD. BY LOCAL REG. 1-4-1961
26. REGISTRAR'S SIGNATURE Zella Maxey

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed M B Haas

Signature of Student Embalmer

Licensed Embalmer No. 3899

P. O. Address Bethany, 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.