

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-008850

AMENDED

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 1318 STATE FILE NUMBER

FILED MAR 29 1961

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY Jackson	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City, 33 Mo		c. CITY OR TOWN Kansas City, 33 Mo	
Length of stay in 1b 20 yrs		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 11710 E 51 St		d. STREET ADDRESS (If outside, give location) 11710 E 51 St	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Martha Middle Josephine Last Holland			4. DATE OF DEATH Month 3 Day 12 Year 61		
5. SEX Fem	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 3/6/1893	9. AGE (last birthday) 68	IF UNDER 1 YEAR Months Days 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 Housewife		11. BIRTHPLACE (City and state or country) Gneiss, No. Carolina	
12. CITIZEN OF WHAT COUNTRY U S A		13a. FATHER'S NAME Jack Tilson		13b. MOTHER'S MAIDEN NAME Lorraine Rogers	
14. NAME OF HUSBAND OR WIFE Tillman Vance 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. no	
17. INFORMANT Laurence T Holland		Address 4808 Appleton K C 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 1 hr 10 years
IMMEDIATE CAUSE (a)	acute coronary thrombosis	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	arteriosclerotic heart disease	
DUE TO (b)		
DUE TO (c)		
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 checked="" 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 Jan 1961 to present and last saw her alive on Mar 3, 1961 Death occurred at 5:30 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.		

22a. SIGNATURE (Degree or title) Elmer S. Stegman, M.D.		22b. ADDRESS Raytown Mo		22c. DATE SIGNED 3-13-61
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 3/15/61	23c. NAME OF CEMETERY OR CREMATORY Mt Washington	23d. LOCATION (City, town, or county) (State) Kansas City, Mo	
24. FUNERAL DIRECTOR ADDRESS Sheil Colonial Funeral Home, 11924 E 47 K C 33 Mo		25. DATE RECD. BY LOCAL REG. 3-14-61	26. REGISTRAR'S SIGNATURE Ruth Long	

(Licensed Embalmer's Statement on Reverse Side)

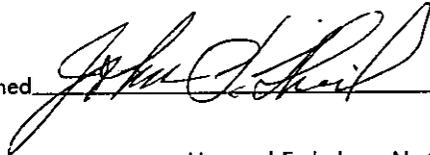
AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
 DATE AMENDED
 INSTEAD OF
 DOCUMENT
 MEDICAL CERTIFICATION
 BY AFFIDAVIT OF
 Elmer S. Stegman

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 _____
Signature of Student Embalmer

Signed  _____

Licensed Embalmer No. 3625

P. O. Address K.C. 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.