

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

4129 -61-029340

4129 STATE FILE NUMBER

FILED AUG 31 1961 Primary Registration District No. 1.002 Registrar's No.

AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS  
 DATE AMENDED  
 INSTEAD OF  
 DOCUMENT  
 MEDICAL CERTIFICATION  
 SHOULD READ  
 BY AFFIDAVIT OF  
 Frank Ellis

<b>1. PLACE OF DEATH</b> a. COUNTY <u>Jackson</u>			<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: Residence before admission) a. STATE <u>MISSOURI</u> COUNTY <u>JACKSON</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Kansas City</u>		Length of stay in lb <u>40 YRS</u>	c. CITY OR TOWN <u>KANSAS CITY</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>General Hospital</u>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>2211 KANSAS, AVE</u>		
<b>3. NAME OF DECEASED</b> (Type or print) First Middle Last <u>Ivalene FERN Holliday</u>			<b>4. DATE OF DEATH</b> Month Day Year <u>8-17-61</u>			
<b>5. SEX</b> <u>female</u>	<b>6. COLOR OR RACE</b> <u>White</u>	<b>7. Married</b> <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		<b>8. DATE OF BIRTH</b> <u>5-22-15</u>	<b>9. AGE (last birthday)</b> <u>46</u>	
IF UNDER 1 YEAR Months Days		IF UNDER 24 HR Hours Min.				
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>			<b>10b. KIND OF BUSINESS OR INDUSTRY</b>		<b>11. BIRTHPLACE</b> (City and state or country) <u>GRANT CITY MO</u>	
<b>12. CITIZEN OF WHAT COUNTRY</b> <u>U.S.A.</u>						
<b>13a. FATHER'S NAME</b> <u>ELMER SMITH</u>		<b>13b. MOTHER'S MAIDEN NAME</b> <u>ETHEL HALBERTY</u>		<b>14. NAME OF HUSBAND OR WIFE</b> <u>KENNETH HOLLIDAY</u>		
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give dates of service) <u>NO</u>			<b>16. SOCIAL SECURITY NO.</b> <u>—</u>	<b>17. INFORMANT</b> Address <u>ELMER SMITH K.C. MO</u>		
<b>18. CAUSE OF DEATH</b> (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Hepatic failure</u> (b) <u>Laennec's cirrhosis</u> (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. 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 type="checkbox"/> No <input type="checkbox"/> Unknown						
<b>19. WAS AUTOPSY PERFORMED?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		<b>20a. ACCIDENT</b> <input type="checkbox"/> <b>SUICIDE</b> <input type="checkbox"/> <b>HOMICIDE</b> <input type="checkbox"/>		<b>20b. DESCRIBE HOW INJURY OCCURRED.</b> (Enter nature of injury in PART I or PART II of item 18.)		
<b>20c. TIME OF INJURY</b> Hour a.m. p.m.		<b>20d. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		<b>20e. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)		
		<b>20f. CITY, TOWN, OR LOCATION</b>		<b>COUNTY</b> <b>STATE</b>		
<b>21. I attended the deceased from</b> <u>8-16-61</u> to <u>8-17-61</u> and last saw her <sup>her</sup> alive on <u>8-17-61</u> Death occurred at <u>8:50</u> p.m. on the date stated above, and to the best of my knowledge, from the causes stated.						
<b>22a. SIGNATURE</b> <u>[Signature]</u> (Degree or title)			<b>22b. ADDRESS</b> <u>2400 Cherry</u>		<b>22c. DATE SIGNED</b> <u>8-18-61</u>	
<b>23a. BURIAL, CREMATION, REMOVAL (Specify)</b> <u>BORIAL</u>		<b>23b. DATE</b> <u>8-21-61</u>	<b>23c. NAME OF CEMETERY OR CREMATORY</b> <u>MT WASHINGTON CEM</u>		<b>23d. LOCATION</b> (City, town, or county) (State) <u>KANSAS CITY MO</u>	
<b>24. FUNERAL DIRECTOR</b> ADDRESS <u>H TIGERMANN &amp; SONS K.C. MO.</u>			<b>25. DATE RECD. BY LOCAL REG.</b> <u>8-19-61</u>		<b>26. REGISTRAR'S SIGNATURE</b> <u>Ruth Long</u>	

**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 Alfred Roy Mooney

Licensed Embalmer No. 4576

P. O. Address 14 © 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.