

SOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-044771

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. **149**

Primary Registration District No. **1002**

Registrar's No. **6381**

STATE FILE NUMBER

AMENDED

1. PLACE OF DEATH JAN 8 1962
 a. COUNTY **JACKSON**
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN **KANSAS CITY** Length of stay in lb **47 YEARS**
 c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION **223 NORTH JACKSON AVE.** Inside Limits Yes No
 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
 a. STATE **MISSOURI** COUNTY **JACKSON**
 c. CITY OR TOWN **KANSAS CITY** Inside Limits Yes No
 d. STREET ADDRESS (If outside, give location) **223 NORTH JACKSON AVE.** Reside on Farm Yes No

3. NAME OF DECEASED First Middle Last **CALLIE W HOLLAND** 4. DATE OF DEATH Month Day Year **DECEMBER 18 1961**
5. SEX **FEMALE** **6. COLOR OR RACE** **WHITE** **7. Married** Never Married Widowed Divorced
8. DATE OF BIRTH **12/21/77** **9. AGE (last birthday)** **83** IF UNDER 1 YEAR IF UNDER 24 HR
 Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during part of working life, even if retired) **AT HOME** **10b. KIND OF BUSINESS OR INDUSTRY** **---**
11. BIRTHPLACE (City and state or country) **CRESTLINE, OHIO** **12. CITIZEN OF WHAT COUNTRY** **U. S. A.**
13a. FATHER'S NAME **COLLINS WASHBURN** **13b. MOTHER'S MAIDEN NAME** **EMMA REDDING** **14. NAME OF HUSBAND OR WIFE** **GEORGE W. 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** **MRS. RUBY ROSENBERG** Address **223 N JACKSON KANSAS CITY, MO.**

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:
 IMMEDIATE CAUSE (a) **Arteriosclerotic heart disease** INTERVAL BETWEEN ONSET AND DEATH
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. 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.
 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 Month, Day, Year
 s.m. p.m.
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 _____ to _____ and last saw her/him alive on _____
 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) **22b. ADDRESS** **22c. DATE SIGNED**
Hugh Owens **152 Union Station** **12-19-61**
23a. NAME OF CEMETERY OR CREMATORY **23b. DATE** **23c. NAME OF CEMETERY OR CREMATORY** **23d. LOCATION** (City, town, or county) (State)
REMOVAL **DEC 21, 1961** **BELLEVILLE KANS** **BELLEVILLE KANSAS**
24. FUNERAL DIRECTOR ADDRESS **25. DATE RECD. BY LOCAL REG.** **26. REGISTRAR'S SIGNATURE**
D.W. NEWCOMER'S SONS KANSAS CITY, MO. **1331 BRUSH CR.** **12-20-61** **Ruth Long**

DATE AMENDED

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

H. Owens

BY AFFIDAVIT OF

ITEM NO. SHOULD READ

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 Teru Lawler

Licensed Embalmer No. 4915

P. O. Address KC 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.