

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-012482

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 217 Primary Registration District No. 4329 Registrar's No. 40

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

FILED MAR 25 1963		1. PLACE OF DEATH a. COUNTY Mississippi		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Mississippi	
b. CITY (If outside corporate limits, give TOWNSHIP only) Wyatt		Length of stay in 1b 32 yrs.		c. CITY OR TOWN Wyatt Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION North Wyatt		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) P. O. Box 95 Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) Elijah H. Holloman			4. DATE OF DEATH Month March Day 16 Year 1963		
5. SEX Male	6. COLOR OR RACE Col.	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 7/2/1888	9. AGE (last birthday) 74	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) Farmer and Minister		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Houston, Miss.	
12. CITIZEN OF WHAT COUNTRY USA		13a. FATHER'S NAME Henderson Holloman		13b. MOTHER'S MAIDEN NAME Channie (Unk.)	
14. NAME OF HUSBAND OR WIFE Eliza Holloman		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. [REDACTED]	
17. INFORMANT Mrs. Ruth Hampton, P.O. Box 95, Wyatt, Mo.		18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute Coronary Occlusion DUE TO (b) Hypertensive Cardio-Vascular Dis. DUE TO (c) Generalized arteriosclerosis Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		INTERVAL BETWEEN ONSET AND DEATH Unkn	
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	
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 checked="" 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 3/15/63 to 3/16/63 and last saw her/him alive on _____ Death occurred at 6:00 P. m on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <i>J. P. Spaulk</i> (Degree or title)		22b. ADDRESS Charleston, Mo.		22c. DATE SIGNED 3/19/63	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 3/20/1963	23c. NAME OF CEMETERY OR CREMATORY Oak Grove Cemetery		23d. LOCATION (City, town, or county) (State) Charleston, Mo.
24. FUNERAL DIRECTOR <i>L. P. Spaulk</i> ADDRESS Charleston, Mo.		25. DATE RECD. BY LOCAL REG. 3-20-63		26. REGISTRAR'S SIGNATURE <i>Dorothy B. Hathorn</i>	

VS 300 Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

Permit records
3-30-63
1-0
NCE

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 James A Carter

Licensed Embalmer No. 4681

P. O. Address C.ville, 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.

Burial

3/20/19