

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

**63-034956**

STATE FILE NUMBER

Registration District No. 002 Primary Registration District No. 4009 Registrar's No. 55

DO NOT WRITE ON THIS STUB

AMENDED

VS 300  
Rev. 4/59

1 0020  
2 0020  
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4 0  
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12 90-0  
13 2-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <b>Andrew</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Andrew</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Savannah</b>		c. CITY OR TOWN <b>Savannah</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If outside, give location)	
3. NAME OF DECEASED (Type or print) First <b>Roly</b> Middle <b>Franklin</b> Last <b>Hollar</b>		4. DATE OF DEATH Month <b>September</b> Day <b>29</b> Year <b>1963</b>	
5. SEX <b>male</b>	6. COLOR OR RACE <b>white</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>6-7-90</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>retired farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>farm</b>	11. BIRTHPLACE (City and state or country) <b>Kentucky</b>
13a. FATHER'S NAME <b>Holiday Hollar</b>		14. NAME OF HUSBAND OR WIFE <b>Marie Hollar</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of)		17. INFORMANT <b>Mrs. Marie Hollar, Savannah, Mo.</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Arterio-sclerotic heart disease with congestive failure</b>		18. CAUSE OF DEATH (continued) DUE TO (b) <b>1200</b> DUE TO (c) <b>4341</b>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Anemia, cause unknown. Diabetes Mellitus.</b>		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 <input type="checkbox"/> a.m. <input type="checkbox"/> 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 <b>Savannah, Missouri</b>	
21. I attended the deceased from <b>4-26-62</b> to <b>9-29-63</b> and last saw <del>him</del> <sup>her</sup> alive on <b>9-17-63</b> Death occurred at <b>7:20 AM.</b> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>Wm B Baker MD</i> (Degree or title)		22b. ADDRESS <b>Savannah, Missouri</b>	
22c. DATE SIGNED <b>10-1-63</b>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>	23b. DATE <b>10-1-63</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Savannah Cemetery</b>	
23d. LOCATION (City, town, or county) <b>Savannah, Missouri</b>			
24. FUNERAL DIRECTOR <b>BREIT &amp; HAWKINS</b>		25. DATE RECD. BY LOCAL REG. <b>10-2-63</b>	
26. REGISTRAR'S SIGNATURE <i>Dulane P. ...</i>			

USE BLACK INK OR TYPEWRITER RIBBON

OCT 28 1963

**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 E. C. Brecht

Licensed Embalmer No. 2650

P. O. Address Savannah, GA

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.