12505
STATE FILE NUMBER

Health, Welfare Public Service

300
1-56

FILED MAY 6 - 1957

Registration District No. 73 — Primary Registration District No. 3014 — Registrar's No. -50

1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. COUNTY Clay	a. STATE Missouri b. COUNTY Clay
b. CITY (If outside corporate limits, give TOWNSHIP only) Liberty — Inside Limits Yes X No ☐	c. CITY OR TOWN Liberty Inside Limits Yes X No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 341 N. Gallatin — Length of stay in 1b 4 years	d. STREET ADDRESS 341 N. Gallatin (If outside, give location) Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) — First GEORGE — Middle — Last HOLLOWAY

4. DATE OF DEATH — Month April — Day 19 — Year 1957

5. SEX male   6. COLOR OR RACE Negro   7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

8. DATE OF BIRTH May 2-1884

9. AGE (In years last birthday) 72   IF UNDER 1 YEAR Months Days   IF UNDER 24 HRS Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country) Clay Co. Mo.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Alex Holloway

14. MOTHER'S MAIDEN NAME Frances Greenfield

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.

17. INFORMANT Address Julia Holloway - Liberty 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) Encephalomalacia

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Arteriosclerosis

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)   332X

INTERVAL BETWEEN ONSET AND DEATH

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 a.m. p.m. — Month, Day, Year

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 years, to Apr 19 and last saw him alive on Feb. Death occurred at 10.45 A m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Wm. H. Goodman (Degree or title) M.D.

22b. ADDRESS Liberty Mo

22c. DATE SIGNED 4/22/57

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial   23b. DATE 4-23-57   23c. NAME OF CEMETERY OR CREMATORY Fairview   23d. LOCATION (City, town, or county) Liberty Mo.

24. FUNERAL DIRECTOR Church-Archw Co.   ADDRESS Liberty Mo   25. DATE RECD. BY LOCAL REG. 4-24-57   26. REGISTRAR'S SIGNATURE Mabel Graham
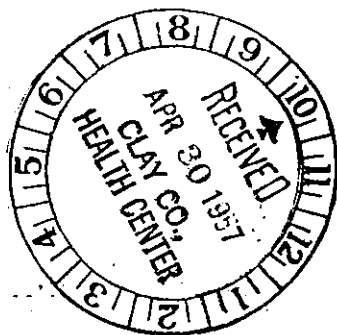
491/0

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb

by me, or by ...., Student Embalmer No...........

working under my personal supervision..

Student...   Signed...*John Forbes*.............

Signature of Student Embalmer

Licensed Embalmer No. 444

P. O. Address *Liberty*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fa
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.