

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-022483

FILED JUN 19 1959 Registration District No. 294 Primary Registration District No. 3056 STATE FILE NUMBER Registrar's No. 124

S. 300  
1-57

1. PLACE OF DEATH a. COUNTY <b>Randolph</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Monroe</b>			
b. CITY (If outside corporate limits, give TOWNSHIP only) <b>Moberly</b>				Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <b>Madison</b> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) <b>Whittaker Hosp.</b>				Length of stay in 1b <b>8 Weeks</b>		d. STREET ADDRESS (If outside, give location) <b>R. R. 6, Madison</b> Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <b>CHARLES</b> Middle <b>ADISON</b> Last <b>HOLAHAN</b>						4. DATE OF DEATH Month <b>June</b> Day <b>6</b> Year <b>1959</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>May 12, 1885</b>	
9. AGE (In years last birthday) <b>74</b>		10. UNDER 1 YEAR Months <b>---</b> Days <b>---</b> Hours <b>---</b> Min. <b>---</b>		11. BIRTHPLACE (City and state or country) <b>Madison, Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>				10b. KIND OF BUSINESS OR INDUSTRY <b>Grain &amp; Livestock</b>		11. BIRTHPLACE (City and state or country) <b>Madison, Mo.</b>	
13a. FATHER'S NAME <b>Martin Van Buren Holohan</b>				13b. MOTHER'S MAIDEN NAME <b>Mary Bell West</b>		14. NAME OF HUSBAND OR WIFE <b>Carry Josephine Holohan</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, name unknown) (If yes, give war or dates of service) <b>No</b>				16. SOCIAL SECURITY NO. <b>487-22-0589</b>		17. INFORMANT Address <b>Carry Josephine Holohan Madison, 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>Sepsin and terminal pneumonia</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Inanition and debilitation</b> DUE TO (c) <b>Fracture left hip</b> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)						INTERVAL BETWEEN ONSET AND DEATH	
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 <b>4:05 P.M.</b> Month, Day, Year <b>May 5, 1959</b>				20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/> AT WORK <input type="checkbox"/>			
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)				20f. CITY, TOWN, OR LOCATION <b>Madison</b> COUNTY <b>Mo.</b> STATE <b>Mo.</b>			
21. I attended the deceased from <b>May 5, 1959</b> to <b>June 6, 1959</b> and last saw her alive on <b>June 6, 1959</b> Death occurred at <b>4:05 P.M.</b> on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <b>E. T. Whittaker</b>				22b. ADDRESS <b>205 S. Fifth St. Moberly, Mo.</b>		22c. DATE SIGNED <b>6-7-59</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>6-8-1959</b>		23c. NAME OF CEMETERY OR CREMATORY <b>Sunset Hill Cem.</b>		23d. LOCATION (City, town, or county) (State) <b>Madison, Mo.</b>	
24. FUNERAL DIRECTOR <b>Thompson-Mackler</b> ADDRESS <b>Madison, Mo.</b>				25. DATE RECD. BY LOCAL REG. <b>6-8-59</b>		26. REGISTRAR'S SIGNATURE <b>Featherstone</b>	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

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

Joseph R. Mackler

Licensed Embalmer No. 4571

P. O. Address Madison, Wisc.

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.