

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 137 Primary Registration District No. _____ Registrar's No. 137 67 0018524 STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

FILED MAY 29 1967

VS 300
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

DOCUMENT

SHOULD READ

ITEM NO.

BY AFFIDAVIT OF

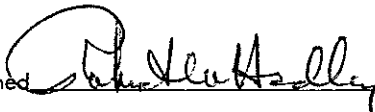
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|--|---|---|--|
| 1. PLACE OF DEATH a. COUNTY <u>Henry</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Henry</u> | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Windsor</u> | | c. CITY OR TOWN <u>Windsor</u> | |
| Length of stay in 1b <u>25 years</u> | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Home Community Convalescent</u> | | d. STREET ADDRESS (If outside, give location) <u>303 E. Benton St.</u> | |
| Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | | | |
| 3. NAME OF DECEASED (Type or print) First <u>ARTHUR</u> Middle <u>CHESTER</u> Last <u>HOLLOWAY</u> | | | 4. DATE OF DEATH Month <u>May</u> Day <u>16</u> Year <u>1967</u> |
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH <u>6/7/1881</u> |
| 9. AGE (last birthday) <u>85</u> | | IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min. | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Retired</u> | 11. BIRTHPLACE (City and state or country) <u>Benton County, Mo</u> |
| 12. CITIZEN OF WHAT COUNTRY <u>USA</u> | | | |
| 13a. FATHER'S NAME <u>George B. Holloway</u> | | 13b. MOTHER'S MAIDEN NAME <u>Sarah Ann Huffman</u> | |
| 14. NAME OF HUSBAND OR WIFE <u>Mrs. James Carter Windsor, Mo.</u> | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u> | | 16. SOCIAL SECURITY NO. <u>488-32-7709</u> | |
| 17. INFORMANT <u>Mrs. James Carter Windsor, Mo.</u> | | Address | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Circulatory Collapse</u> DUE TO (b) <u>Senility</u> 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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown | | | INTERVAL BETWEEN ONSET AND DEATH <u>instant</u> <u>10 years</u> |
| 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. | 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE 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 COUNTY STATE |
| 21. I attended the deceased from <u>1962</u> to <u>1967</u> and last saw him alive on <u>May 15, 1967</u> Death occurred at <u>4:30 P.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE (Degree or title) <u>[Signature]</u> | | 22b. ADDRESS <u>103 W. Colt St. Windsor, Mo.</u> | 22c. DATE SIGNED <u>5-20-67</u> |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 23b. DATE <u>May 18, 1967</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>Laurel Oak Cemetery Windsor, Missouri</u> | 23d. LOCATION (City, town, or county) (State) |
| 24. FUNERAL DIRECTOR <u>Huston-Hadley Windsor, Missouri</u> | | 25. DATE RECD. BY LOCAL REG. <u>May 23, 1967</u> | 26. REGISTRAR'S SIGNATURE <u>Melba Bigum</u> |

USE BLACK INK OR TYPEWRITER RIBBON

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 

Licensed Embalmer No. 5220

P. O. Address Chillicothe, 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.