

JURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-038623

FILED VS. OCT 19 1959 336

STATE FILE NUMBER

Registration District No. _____ Primary Registration District No. _____ Registrar's No. **30**

ENDED

1. PLACE OF DEATH a. COUNTY Shannon			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Shannon			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Winona		Length of stay in 1b	c. CITY OR TOWN Winona		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION (at Home)			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (at Home) (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First EARL Middle RAYMAN Last HOLLOWAY			4. DATE OF DEATH Month August Day 15 Year 1959			
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 8/15/59	9. AGE (last birthday) --- IF UNDER 1 YEAR --- IF UNDER 24 HR --- Month --- Days --- Min. ---	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) ---		10b. KIND OF BUSINESS OR INDUSTRY ---		11. BIRTHPLACE (City and state or country) Winona, Missouri	12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME ---		13b. MOTHER'S MAIDEN NAME Nellie Jane Holloway		14. NAME OF HUSBAND OR WIFE ---		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) ---		16. SOCIAL SECURITY NO. ---	17. INFORMANT Address Charlie Holloway, Winona, 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) Cause of death unknown (Coroner of Shannon County notified)					INTERVAL BETWEEN ONSET AND DEATH	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b) _____		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		
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input 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 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 _____ to _____ and last saw her/him alive on _____ Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.						
22a. SIGNATURE (Degree or title) Mabel Goelz Local Registrar			22b. ADDRESS Winona, Missouri		22c. DATE SIGNED 10/14/59	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 8/16/59	23c. NAME OF CEMETERY OR CREMATORY Pine Lawn Cemetery		23d. LOCATION (City, town, or county) (State) Winona, Missouri		
24. FUNERAL DIRECTOR ADDRESS Charlie Holloway (Father) Winona, Mo			25. DATE RECD. BY LOCAL REG. 10/14/59	26. REGISTRAR'S SIGNATURE Mabel Goelz		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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. _____

P. O. Address _____

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.

THIS BODY WAS NOT EMBALMED