

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **13088**

FILED APR 16 1951

BIRTH NO. _____ REG. DIST. NO. 167 PRIMARY REG. DIST. NO. 4256 Registrar's No. 17

1. PLACE OF DEATH a. COUNTY <u>Johnson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Johnson</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Holden, Mo.</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Holden</u>	
c. LENGTH OF STAY (In this place) <u>61 years</u>		d. STREET ADDRESS (If rural, give location) <u>2nd & Olive Street</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>2nd & Olive Street</u>		e. STREET ADDRESS <u>2nd & Olive Street</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Bessie</u> b. (Middle) <u>Eulelia</u> c. (Last) <u>Golladay</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>April 3, 1951</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Dec. 28, 1878</u>	9. AGE (In years last birthday) <u>72-3-5</u>	IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>--</u>	11. BIRTHPLACE (State or foreign country) <u>Holden, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA.</u>

13a. FATHER'S NAME <u>Joseph S. Phillips</u>	13b. MOTHER'S MAIDEN NAME <u>Mary Frances Davis</u>	14. NAME OF HUSBAND OR WIFE <u>Edgar H. Golladay.</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>---</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Thomas P. Golladay, Richmond, Mo.</u>

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>sudden</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>In arteriosclerosis</u>			
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>4201</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov 15, 1950 to Apr 3, 1951, that I last saw the deceased alive on April 1, 1951, and that death occurred at 6:00 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>Kelly Rawlins M.D.</u>	(Degree or title)	23b. ADDRESS <u>Holden Mo</u>	23c. DATE SIGNED <u>4/5/51</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Apr. 5, 1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Holden Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Holden, Missouri</u>
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DATE REC'D BY LOCAL REG. <u>April 7, 1951</u>	REGISTRAR'S SIGNATURE <u>Mrs. W. Redford</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>E. B. CAST HOLDEN, MISSOURI</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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1927-1928

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
Student Embalmer

Signed *E. B. East*

Licensed Embalmer No. *4059*

P. O. Address *Hollen, 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 this body is not embalmed, fact should be so stated above.