

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **27599**

FILED AUG 27 1951

BIRTH NO. _____ REG. DIST. NO. **193** PRIMARY REG. DIST. NO. **5709** Registrar's No. **631**

1. PLACE OF DEATH a. COUNTY McDonald		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE Missouri b. COUNTY McDonald	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural- Erie twp.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural- Erie twp.	
c. LENGTH OF STAY (in this place) 68 yrs		d. STREET ADDRESS (If rural, give location) Rt. 2 Goodman, Mo.	
d. FULL NAME OF HOSPITAL OR INSTITUTION Rt. 2 Goodman, Mo.			

3. NAME OF DECEASED (Type or Print) a. (First) James b. (Middle) Richard c. (Last) Newton Hollaway			4. DATE OF DEATH (Month) (Day) (Year) July 16, 1951		
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH July 10, 1866	9. AGE (In years last birthday) 85	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Own Farm		11. BIRTHPLACE (State or foreign country) Fairfield, Illinois		12. CITIZEN OF WHAT COUNTRY? USA	
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13a. FATHER'S NAME John Hollaway		13b. MOTHER'S MAIDEN NAME Charlotta Howard		14. NAME OF HUSBAND OR WIFE Martha Christine Hollaway			
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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. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Ted Hollaway, Goodman, Missouri			
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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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) PNEUMONIA ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Apoplexy DUE TO (c) Cerebral Hemorrhage II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 6 days	
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19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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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) 331X	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)			21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
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22. I hereby certify that I attended the deceased from **7/10/51**, 19**51**, to **7-16-51**, 19**51**, that I last saw the deceased alive on **7/15/51**, 19**51**, and that death occurred at **9 P.M.** m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Ed. Burt D.D.		23b. ADDRESS Anderson Mo		23c. DATE SIGNED 7/17/51	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE July 18, 1951		24c. NAME OF CEMETERY OR CREMATORY Howard Cemetery		24d. LOCATION (City, town, or county) (State) Goodman, Missouri	
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DATE REC'D BY LOCAL REG. Aug 18-51		REGISTRAR'S SIGNATURE Mrs. E. Masters		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS John B. Padineau Goodman, Missouri	
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

0600
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DIVISION OF HEALTH OF MO.
District No. 5 - Springfield

RECEIVED

AUG 21 1951

Dist. File

851-1528

Date Filed

8-23-51

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....
Student Embalmer

Signed John B. Papinian
Licensed Embalmer No. 4446

P. O. Address Goodman, 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.