

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

41373

STATE FILE NUMBER

FILED NOV 20 1957

Registration District No. 273 Primary Registration District No. 3051 Registrar's No. 126

Health, Welfare
Public Service

300
1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY <u>PERRY</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>STE. GENEVIEVE</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Perryville</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>STE. GENEVIEVE</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>PERRY Co MEMO Hosp</u>		Length of stay in lb <u>- 6 hrs</u>	d. STREET ADDRESS (If outside, give location) <u>232 No MAIN</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <u>ALICE</u> Middle <u>MARIE</u> Last <u>HOLLARS</u>			4. DATE OF DEATH Month <u>OCT</u> Day <u>29</u> Year <u>1957</u>
5. SEX <u>FEMALE</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>APRIL 10 1939</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>AT HOME</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>-</u>	11. BIRTHPLACE (City and state or country) <u>STE. GENEVIEVE, MO</u>
13. FATHER'S NAME <u>HARVEY HOLLARS</u>		14. MOTHER'S MAIDEN NAME <u>LORRINE KREITLER</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 <u>Ronald Hollars Ste. Genevieve</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>Acute Meningeococci Meningitis</u>			INTERVAL BETWEEN ONSET AND DEATH <u>18 hours</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			<u>0570</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)			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 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 <u>Perryville, Missouri</u> COUNTY _____ STATE _____
21. I attended the deceased from <u>6:15 p.m. 10/29/57</u> to <u>11:15 p.m. 10/29/57</u> and last saw her alive on <u>10/29/57</u> Death occurred at <u>11:15</u> p. m. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>R. H. Grayson, M.D.</u>		22b. ADDRESS <u>12 S. Jackson St. Perryville, Missouri</u>	22c. DATE SIGNED <u>11/1/57</u>
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE <u>10/30/57</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Valle Spring</u>	23d. LOCATION (City, town, or county) (State) <u>STE. Genevieve, Mo.</u>
24. FUNERAL DIRECTOR <u>Geo. C. Basby Ste Genevieve</u> ADDRESS		25. DATE RECD. BY LOCAL REG. <u>11-18-56</u>	26. REGISTRAR'S SIGNATURE <u>Geo J. Zwick</u>

(Licensed Embalmer's Statement on Reverse Side)

0-0-68 NYPT

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed ^{NOT} by me, or by Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Adrian J. Ellis*.....

Licensed Embalmer No. *474*.....

P. O. Address *St. Petersburg*.....

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.