

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-000777  
STATE FILE NUMBER

Registration District No. 99 Primary Registration District No. \_\_\_\_\_ Registrar's No. 8

AMENDED  
DATE AMENDED  
INSTEAD OF  
DOCUMENT  
MEDICAL CERTIFICATION  
SHOULD READ  
BY AFFIDAVIT OF

**DECEASED VS. PLACE OF DEATH**  
FEB 14 1961

1. **PLACE OF DEATH**  
a. COUNTY DeKalb  
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Union Star Length of stay in 1b 14 yrs  
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION \_\_\_\_\_ Inside Limits Yes  No

2. **USUAL RESIDENCE** (Where deceased lived. If institution: Residence before admission)  
a. STATE Missouri b. COUNTY DeKalb  
c. CITY OR TOWN Union Star Inside Limits Yes  No   
d. STREET ADDRESS (If outside, give location) \_\_\_\_\_ Reside on Farm Yes  No

3. **NAME OF DECEASED** (Type or print) First James Middle - Last Holland  
4. **DATE OF DEATH** Month January Day 30 Year 1961

5. SEX Male 6. COLOR OR RACE White 7. Married  Never Married   
Widowed  Divorced  8. DATE OF BIRTH 9/7/82 9. AGE (last birthday) 78  
IF UNDER 1 YEAR Months \_\_\_\_\_ Days \_\_\_\_\_ IF UNDER 24 HR Hours \_\_\_\_\_ Min. \_\_\_\_\_

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer 10b. KIND OF BUSINESS OR INDUSTRY self-employed 11. BIRTHPLACE (City and state or country) DeKalb Co. Missouri 12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME Jacob Holland 13b. MOTHER'S MAIDEN NAME Mary Robison 14. NAME OF HUSBAND OR WIFE Lucy Holland

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No 16. SOCIAL SECURITY NO. - 17. INFORMANT Lucy Holland Address Union Star, 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) Diabetes mellitus INTERVAL BETWEEN ONSET AND DEATH 20 years  
DUE TO (b) \_\_\_\_\_  
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (c) \_\_\_\_\_

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)  
Yanquere on both limbs with evidence of thrombotic embolism  
PART III. If deceased was female was there a pregnancy in last 90 days.  
 Yes  No  Unknown

19. WAS AUTOPSY PERFORMED? YES  NO  20a. ACCIDENT SUICIDE HOMICIDE    20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour \_\_\_\_\_ Month, Day, Year \_\_\_\_\_ a.m. \_\_\_\_\_ p.m. \_\_\_\_\_

20d. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK  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 June 1958 to Jan 30, 1961 and last saw her alive on Jan 30, 1961  
Death occurred at 8 PM on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Deceased or title) Jack A. Barnes, D.O. 22b. ADDRESS King City, Mo 22c. DATE SIGNED 1-31-61

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE Feb. 1, 1961 23c. NAME OF CEMETERY OR CREMATORY Union Chapel 23d. LOCATION (City, town, or county) (State) So. E. Union Star, Missouri

24. FUNERAL DIRECTOR Roland Clark ADDRESS King City, Mo 25. DATE RECD. BY LOCAL REG. Feb 7-1961 26. REGISTRAR'S SIGNATURE [Signature]

**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 Roland O'Clark

Licensed Embalmer No. 4477

P. O. Address King City, 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.