

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-016451

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 155 Primary Registration District No. 5579 Registrar's No. 73

STATE FILE NUMBER

FILED APR 29 1963

1. PLACE OF DEATH
 a. COUNTY Jasper
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Webb City MINERAL Twp Length of stay in lb 2 weeks
 c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Elmhurst Inside Limits Yes No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
 a. STATE Missouri b. COUNTY Jasper
 c. CITY OR TOWN Jasper Inside Limits Yes No
 d. STREET ADDRESS (If outside, give location) Rural Route #1 Reside on Farm Yes No

3. NAME OF DECEASED (Type or print)
 First Arthur Middle (n) Last Holliday
 4. DATE OF DEATH Month April Day 24 Year 1963

5. SEX Male 6. COLOR OR RACE White 7. Married Never Married Widowed Divorced
 8. DATE OF BIRTH 1-29-1880 9. AGE (last birthday) 82 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 Agriculture 11. BIRTHPLACE (City and state or country) Holliday, Illinois 12. CITIZEN OF WHAT COUNTRY U.S.

13a. FATHER'S NAME Ila Holliday 13b. MOTHER'S MAIDEN NAME Alice Osborne 14. NAME OF HUSBAND OR WIFE Harriett Luella Grundy

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of) no 16. SOCIAL SECURITY NO. 17. INFORMANT Address Arthur Holliday, Jr., Jasper, Mo. R#1.

18. CAUSE OF DEATH (Enter only one cause per time for (a), (b), and (c).)
 PART I. DEATH WAS CAUSED BY:
 IMMEDIATE CAUSE (a) Cerebral Arteriosclerosis INTERVAL BETWEEN ONSET AND DEATH Gradual onset over several years.
 DUE TO (b) Cerebral Ischemia
 DUE TO (c) _____
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

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. 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 1943 to 3/11/63 and last saw him alive on 3/11/63
 Death occurred at 3:30 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Russel Smith (Degree or title) 22b. ADDRESS M.D. Carthage, Missouri 22c. DATE SIGNED 4/26/63

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE 4-26-63 23c. NAME OF CEMETERY OR CREMATORY Paradise Cemetery 23d. LOCATION (City, town, or county) Jasper County, Mo. (State)

24. FUNERAL DIRECTOR Martin Selvey ADDRESS Jasper, Mo. 25. DATE RECD. BY LOCAL REG. 4-26-63 26. REGISTRAR'S SIGNATURE Mrs. Madeline Sirtgen

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DATE AMENDED
 AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
 INSTEAD OF
 SHOULD READ
 ITEM NO.

DOCUMENT
 MEDICAL CERTIFICATION
 BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

JUN 11 1963

Renewal permit 4-24-63

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 George W Newcomb

Licensed Embalmer No. 4671

P. O. Address Yorkwood, 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.