

FILED MAY 31 1949 STANDARD CERTIFICATE OF DEATH

15539

State File No.

No. 300
10. 48
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BIRTH NO. _____ REG. DIST. NO. 127 PRIMARY REG. DIST. NO. 2000 Registrar's No. 450

1. PLACE OF DEATH a. COUNTY <u>Greene</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Greene</u> <u>39</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Springfield</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Springfield</u> <u>2</u>	
c. LENGTH OF STAY (in this place) <u>80 years</u>		d. STREET ADDRESS (If rural, give location) <u>532 East Normal</u> <u>D</u> <u>6</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>532 East Normal</u>			

3. NAME OF DECEASED (Type or Print) <u>Clifford</u>	a. (First)	b. (Middle) <u>---</u>	c. (Last) <u>Hollingsworth</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>May</u> <u>19</u> <u>1949</u>
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5. SEX <u>Male</u> <u>D</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u> <u>9</u>	8. DATE OF BIRTH <u>March 7, 1869</u>	9. AGE (In years last birthday) (Months) (Days) <u>80</u>	10. IF UNDER 1 YEAR <u>---</u>	11. IF UNDER 2 HRS. <u>---</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Fireman</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Frisco Railway</u>	11. BIRTHPLACE (State or foreign country) <u>Warren County, Ohio</u> <u>1</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Joseph Hollingsworth</u>	13b. MOTHER'S MAIDEN NAME <u>Suanna Pemertson</u>	14. NAME OF HUSBAND OR WIFE <u>---</u>
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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) <u>No</u>	16. SOCIAL SECURITY NO. <u>702-07-6385</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Eli Hasler, Springfield, Missouri</u>	ADDRESS
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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, asthma, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral accident</u>		INTERVAL BETWEEN ONSET AND DEATH <u>20 min.</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>arteriosclerosis</u>		<u>unknown</u>
	DUE TO (c) <u>Cardiac decompensation</u>		<u>2 1/2 yrs.</u>
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) <u>Springfield Greene, MO.</u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	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, 1948, to May, 1949, that I last saw the deceased alive on May 16, 1949, and that death occurred at 4:00P m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>D. H. Halsey M.D. - D</u>	23b. ADDRESS <u>609 Cherry St.</u>	23c. DATE SIGNED <u>May 24 49</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>May 21, 1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Hazelwood</u>	24d. LOCATION (City, town, or county) (State) <u>Springfield, Missouri</u>
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DATE REC'D BY, LOCAL REG. <u>5/25/49</u>	REGISTRAR'S SIGNATURE <u>Mrs. Handley M.D.</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Alma Johnson Funeral Home, Springfield, Mo</u>	ADDRESS <u>B.F.W.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

JUN 9 1949

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 *Julian R. Roeder*

Licensed Embalmer No. *4562*

P. O. Address *Springfield, 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.