

THE DIVISION OF HEALTH OF MISSOURI
FILED JAN 20 1950 STANDARD CERTIFICATE OF DEATH

BIRTH NO. _____ REG. DIST. NO. **128** PRIMARY REG. DIST. NO. **5465** Registrar's No. **10-A**

1. PLACE OF DEATH a. COUNTY Greene		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Greene	
b. CITY OR TOWN Rural N. Campbell <small>(If outside corporate limits, write RURAL and give township)</small>		c. CITY OR TOWN Rural N. Campbell <small>(If outside corporate limits, write RURAL and give township)</small>	
d. FULL NAME OF HOSPITAL OR INSTITUTION Rt. 4 Springfield		d. STREET ADDRESS Rt. 4 Springfield <small>(If rural, give location)</small>	

3. NAME OF DECEASED (Type or Print)	a. (First) James	b. (Middle) Henry	c. (Last) Hollingsworth	4. DATE OF DEATH (Month) (Day) (Year) Jan. 4 1950
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH May 30, 1882	9. AGE (In years last birthday) 67	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 24 HRS. Hours	IF UNDER 1 HRS. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carotaker CARPENTER	10b. KIND OF BUSINESS OR INDUSTRY Carotaker	11. BIRTHPLACE (State, Territory, Possession, Country) Unknown	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Theodore Hollingsworth	13b. MOTHER'S MAIDEN NAME Martha A. Roberts	14. NAME OF HUSBAND OR WIFE Esther Hollingsworth
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No, or unknown) (If yes, give year or dates of service) No	16. SOCIAL SECURITY NO. 365243649	17. INFORMANT'S SIGNATURE OR NAME Evelyn Steele	ADDRESS Rt. 4 Springfield
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</i> d3	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) probably coronary occlusion		INTERVAL BETWEEN ONSET AND DEATH 2 1/2
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
	II. 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"/>
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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)
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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 _____ to _____, and that death occurred at **2:30 p. m.**, from the causes and on the date stated above.

23a. SIGNATURE W.F. Handley M.D.	(Degree or title) Local Registrar of City of Springfield Mo	23b. ADDRESS City Hall Springfield Mo	23c. DATE SIGNED 1/7-50
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24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE Jan 10, 1950	24c. SUBSTITUTION METEMERY OR CREMATORY Agelwood	24d. LOCATION (City, town, or county) (State) Springfield MO
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DATE REC'D BY LOCAL REG. 1-7-50	REGISTRAR'S SIGNATURE W.F. Handley M.D.	25. FUNERAL DIRECTOR'S SIGNATURE J. W. Klingner & Co.	ADDRESS Springfield
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(Licensed Embalmer's Statement on Reverse Side)

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

390

See page 11

UNATTENDED BY A PHYSICIAN

NOV 9 1950
DEC 12 1950

NOV 22 1950

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 Ogden Stone Jr.

Licensed Embalmer No. 4176

P. O. Address Springfield

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.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State of CALIFORNIA }
County of LOS ANGELES } ss.

State File No. 89350
Local Registrar's No. 10 A.

AFFIDAVIT FOR CORRECTION OF A RECORD

On this 6th day of December, 1950, before me appears ESTHER HOLLINGSWORTH, who, upon her oath, states that the original record of ~~birth~~ death

for James H Hollingsworth died January 4th, 1950 the State of Missouri, and which was filed at Jefferson City Mo. on Jan 20, 1950, should be corrected as follows:

Item No. 13b should read Martha A. Aleshire

Instead of Martha A. Robins

Item No. 11 should read Chadrick, Cass County, Missouri

Instead of unknown

Item No. 15 should read Yes, Spanish American War, Company E

Instead of no

Item No. 17 should read Evalou Steele

Instead of Evalon Steele

Item No. 10a should read Carpenter

Instead of Caretaker

Item No. 16 should read 563243649

Instead of no

Item No. 2b should read

Instead of

Item No. should read

Instead of

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Esther Hollingsworth Relationship.
10058 Tujunga Canyon Boulevard
Tujunga, California
Present Address.

Subscribed and sworn to before me this 6th day of December, 1950

My Commission expires 2/8/52

Edna Bryant Notary Public
in and for the County of Los Angeles
State of California

Affidavits containing erasures will not be accepted; draw one line through error and write above it.