

FILED NOV 9 1950

STANDARD CERTIFICATE OF DEATH

State File No. 33847

0493

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

BIRTH NO. _____		REG. DIST. NO. 157		PRIMARY REG. DIST. NO. 3028		Registrar's No. 180	
1. PLACE OF DEATH a. COUNTY Jasper				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jasper			
b. CITY (If outside corporate limits, write RURAL and give town) Carthage		c. LENGTH OF STAY (in this place) 1 week		c. CITY (If outside corporate limits, write RURAL and give township) Reeds		0490	
d. FULL NAME OF HOSPITAL OR INSTITUTION McCune-Brooks hospital				d. STREET ADDRESS (If rural, give location) ---			
3. NAME OF DECEASED a. (First) CHRISTENA			b. (Middle) MARGARET		c. (Last) HOLLINGSWORTH		4. DATE OF DEATH Nov 1, 1950
5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed		8. DATE OF BIRTH May 23, 1863		9. AGE (In years last birthday) 87	IF UNDER 1 YEAR Months 5 Days 8
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife	10b. KIND OF BUSINESS OR INDUSTRY at home		11. BIRTHPLACE (State or foreign country) Iowa		12. CITIZEN OF WHAT COUNTRY? USA		
13a. FATHER'S NAME Columbus Y outsey		13b. MOTHER'S MAIDEN NAME Mary A.		14. NAME OF HUSBAND OR WIFE Elliott Hollingsworth			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Glenn Hollingsworth, Reeds, Mo			
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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Pulmonary Embolism</i> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Causes Unknown</i> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <i>Cerebral Hemorrhage</i>						INTERVAL BETWEEN ONSET AND DEATH <i>3 Weeks</i>  <i>33IX</i> <i>7 days</i>
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)			
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 10-23, 1950, to 11-1, 1950, that I last saw the deceased alive on 11-1, 1950, and that death occurred at 1:35 Pm., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <i>[Signature]</i> , MD				23b. ADDRESS Carthage, Mo		23c. DATE SIGNED 11-2-50	
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE 11-3-1950	24c. NAME OF CEMETERY OR CREMATORY Dudman Cemetery		24d. LOCATION (City, town, or county) (State) Rte 3, Carthage, Mo		
DATE REC'D BY LOCAL REG. 11-3-50		REGISTRAR'S SIGNATURE <i>[Signature]</i>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Knell Mortuary, Carthage, Mo.			

RECEIVED 11-6-50  
Jasper County Health Office

County File Number 50/11/795

Date Filed 11-8-50

OCT 17 1951

OCT 15 1951

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. 283

working under my personal supervision.

Student Thomas C. Rookwood  
Student Embalmer

Signed Frank W. Knell

Licensed Embalmer No. 4440

P. O. Address Carters

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.