

FILED JAN 5 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 41134
Registrar's No. 499

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|--|--|--|----------------------------------|---|--|--|--|
| BIRTH NO. _____ | | REG. DIST. NO. 146 | | PRIMARY REG. DIST. NO. 3026 | | Registrar's No. 499 | |
| 1. PLACE OF DEATH a. COUNTY Jackson | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Barton | | | |
| b. CITY (If outside corporate limits, write RURAL and give OR TOWN Independence) | | c. LENGTH OF STAY (in this place) 1 week | | c. CITY (If outside corporate limits, write RURAL and give township) Golden City | | 0060 | |
| d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Independence Sanitarium | | | | d. STREET ADDRESS (If rural, give location) / | | | |
| 3. NAME OF DECEASED (Type or Print) ROBERT LEE HOLLINGSWORTH | | | a. (First) b. (Middle) c. (Last) | | | 4. DATE OF DEATH (Month) (Day) (Year) Dec 25 50 | |
| 5. SEX Ma | | 6. COLOR OR RACE Wh | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married | | 8. DATE OF BIRTH 2-9-1864 | |
| 9. AGE (in years last birthday) 86 | | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired | | 10b. KIND OF BUSINESS OR INDUSTRY Barber | | 11. BIRTHPLACE (State or foreign country) Tipton, Missouri | |
| 12. CITIZEN OF WHAT COUNTRY U.S.A. | | 13a. FATHER'S NAME Milton Hollingsworth | | 13b. MOTHER'S MAIDEN NAME Elizabeth Finley | | 14. NAME OF HUSBAND OR WIFE Cora Lee Hollingsworth | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No | | 16. SOCIAL SECURITY NO. XX | | 17. INFORMANT'S SIGNATURE OR NAME Chas. D. Faler, 1017 S. Noland, Ind. Mo. | | ADDRESS | |
| 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, asphyxia, etc. It means the disease, injury, or complication which caused death. | | | | | | | |
| MEDICAL CERTIFICATION | | | | | | | |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Broncho pneumonia | | | | | | INTERVAL BETWEEN ONSET AND DEATH 4 days | |
| ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Bronchial asthma | | | | | | 10 days | |
| DUE TO (c) Chronic nephritis & by perforation | | | | | | 7 | |
| 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 No 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) (Minute) m. | |
| 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? 241X | | | | | |
| 22. I hereby certify that I attended the deceased from Dec 26, 1950 to Dec 27, 1950 that I last saw the deceased alive on Dec 25, 1950, and that death occurred at 6:00 A. M., from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE (Degree or title) C. H. Miller M.D. | | | | 23b. ADDRESS Independence Mo | | 23c. DATE SIGNED Dec 26, 1950 | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) | | 24b. DATE Dec 25-50 | | 24c. NAME OF CEMETERY OR CREMATORY I.O.O.F. Cemetery | | 24d. LOCATION (City, town, or county) (State) Golden City Mo. | |
| DATE REC'D BY LOCAL REG. Dec 25-1950 | | REGISTRAR'S SIGNATURE James S. ... | | 25. FUNERAL DIRECTOR'S SIGNATURE J. W. ... | | ADDRESS Kansas City Mo. | |

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

DEC 27 1950

Handwritten - 2343

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.....

working under my personal supervision.

Student Embalmer No.....

Signed Alvin R. Haunsche

Signed.....
Student Embalmer

Licensed Embalmer No. 4159

P. O. Address K. C. 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.