

FILED FEB 19 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

4330

State File No. ....

340

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 101 PRIMARY REG. DIST. NO. 5410 Registrar's No. 3

1. PLACE OF DEATH a. COUNTY <u>Douglas</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Douglas</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>"R" Richland Twp.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>"R" Richland Twp.</u> <u>0340</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>residence</u>		d. STREET ADDRESS (If rural, give location) <u>Dora, Mo.</u> <u>0</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>JACOB</u> b. (Middle) <u>BENSON</u> c. (Last) <u>HOLLINGSHAD</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 29, 1951</u>
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>June 17, 1868</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>retired Teacher</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Public Schools</u>	9. AGE (In years last birthday) <u>82</u> IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
11. BIRTHPLACE (State or foreign country) <u>SAVANNAH, Georgia</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>	
13a. FATHER'S NAME <u>John Hollingshad</u>		13b. MOTHER'S MAIDEN NAME <u>Frances Jane Wilson</u>	
14. NAME OF HUSBAND OR WIFE <u>Ethel Phillips Hollingshad</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. _____	
17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Henry Riley, West Plains, Mo.</u>		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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Gangrene of Toes + Feet</u> (b) <u>(Etiology undetermined)</u> 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 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) _____		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 <u>Jan 21, 1951</u> , to <u>Jan 29, 1951</u> , that I last saw the deceased die on <u>Jan 21, 1951</u> , and that death occurred at <u>2 a. m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>Agnes A. Smith, M.D.</u>		23b. ADDRESS <u>West Plains, Mo</u>	
23c. DATE SIGNED <u>30/1/51</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Jan. 31, 1951</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Sweeten Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>Dora, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>2-3-51</u>		REGISTRAR'S SIGNATURE <u>Ustel Bushman</u> <u>84</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Hal Thourburgh</u>		ADDRESS <u>W. Plains, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

DIVISION OF HEALTH OF MO.

District No. 5 - Springfield

RECEIVED FEB 13 1951

Est. File 257-377

Date Filed 2-14-51

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

*Hal Homburg*

Licensed Embalmer No. 3408

P. O. Address W. Plains, 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.