.S. No. 300
Rev. 10-48

FILED MAY 2 1951

# THE DIVISION OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

11831

State File No. .....

0164
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BIRTH NO. _____ REG. DIST. NO. 53 PRIMARY REG. DIST. NO. 3010 Registrar's No. 159

**1. PLACE OF DEATH**
a. COUNTY Cape Girardeau
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Cape Girardeau
c. LENGTH OF STAY (in this place) 11 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) South Cape Girardeau

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY Cape Gir
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Cape Girardeau 0164
d. STREET ADDRESS (If rural, give location) 725 S. Fountain 6

**3. NAME OF DECEASED** (Type or Print)
a. (First) Juanita
b. (Middle) Louise
c. (Last) Hollenbeck

**4. DATE OF DEATH** (Month) (Day) (Year) April 20, 1951

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Oct. 2, 1924
9. AGE (In years last birthday) 26 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) home with mother
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Mermaduke, Arkansas
12. CITIZEN OF WHAT COUNTRY? U.S.

13a. FATHER'S NAME Lawrence Barnhart
13b. MOTHER'S MAIDEN NAME Goldie Schorkney
14. NAME OF HUSBAND OR WIFE Homer Hollenbeck

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT'S SIGNATURE OR NAME ADDRESS Goldie Barnhart Cape Girardeau, 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) Strangulation or possible drowning

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.*

INTERVAL BETWEEN ONSET AND DEATH: 2924 8 / 42

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION 115
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) South Cape Gir
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Cape Girardeau Cape Gir Mo

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) April 21 51 1 A m.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [X]
21f. HOW DID INJURY OCCUR? Strangulation or Possible drowning

22. *I hereby certify that I attended the deceased from _____, 19__, to _____, 19__, that I last saw the deceased alive on _____, 19__, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE E. R. Prickey 3 (Degree or title) Coroner
23b. ADDRESS 4 S. Pacific St Cape Gir Mo
23c. DATE SIGNED April 21-51

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 4-22-51
24c. NAME OF CEMETERY OR CREMATORY Lorimier Cemetery
24d. LOCATION (City, town, or county) (State) Cape Girardeau, Mo.

DATE REC'D BY LOCAL REG. 4-22-1951
REGISTRAR'S SIGNATURE C. C. Summers 44
25. FUNERAL DIRECTOR'S SIGNATURE Howard L. Haman ADDRESS Cape Gir Mo

(Licensed Embalmer's Statement on Reverse Side)

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

MAR 29 1963

RECEIVED
MAY 1 1951
DISTRICT HEALTH OFFICE No. 6
File No.....

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 Howard R Haman

Signed.....
Student Embalmer

Licensed Embalmer No. 4122

P. O. Address Cape Girardeau, M

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.