

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

31371

5. No. 300  
10. 48

State File No. \_\_\_\_\_

OCT 6 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 5466 Registrar's No. 892-A

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

1. PLACE OF DEATH a. COUNTY <u>Green</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <u>mo</u> b. COUNTY <u>Green</u>	
b. CITY (If outside corporate limits, write BURAL and give township) <u>Rural Rt. 3</u>		c. CITY (If outside corporate limits, write BURAL and give township) <u>Springfield</u>	
c. LENGTH OF STAY (In this place) <u>3 years</u>		d. STREET ADDRESS (If rural, give location) <u>Rt 3</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Route #3</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Lornie</u>		b. (Middle) <u>T.</u>	
		c. (Last) <u>Hollingsworth</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>10 - 1 - 52</u>			
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED <u>married</u>	8. DATE OF BIRTH <u>4-21-80</u>
		9. AGE (In years last birthday) <u>72</u>	10. IF UNDER 1 YEAR Months _____ Days _____
		11. IF UNDER 24 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Funeristakes</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Undertaker</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Mississippi</u>
12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>			
13a. FATHER'S NAME <u>L. Hollingsworth</u>		13b. MOTHER'S MAIDEN NAME <u>unknown</u>	
14. NAME OF HUSBAND OR WIFE <u>Vessie Hollingsworth</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>487-24-0531-A</u>	
17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS <u>Olecia Hollingsworth Springfield, Mo. Rt 3</u>			
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cancer Pancreas</u> 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. <u>Jauddice - liver damage</u>	
		INTERVAL BETWEEN ONSET AND DEATH <u>157X</u>	
19a. DATE OF OPERATION <u>9/25/52</u>		19b. MAJOR FINDINGS OF OPERATION <u>Cancer Pancreas - liver Metastasis</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
20a. ACCIDENT SUICIDE HOMICIDE (Specify)		20b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20c. (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>6/9</u> , 19 <u>52</u> , to <u>8/25</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>9/24</u> , 19 <u>52</u> , and that death occurred at _____ m., from the causes and on the date stated above.			
23a. SIGNATURE <u>H. Lawrence, M.D.</u>		23b. ADDRESS <u>Medical Bldg Springfield, Mo.</u>	
23c. DATE SIGNED <u>10/3/52</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>4-10-1-52</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Lutie Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Lutie, Mo.</u>	
DATE RECD BY LOCAL REG. <u>10/4/52</u>		REGISTRAR'S SIGNATURE <u>Earl Williamson</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Clinkingbeard</u>		ADDRESS <u>Funeral Home, Ava, Mo.</u>	

**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 Charles R. Fish

Licensed Embalmer No. 7462

P. O. Address Ava, 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.