

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **11516**

FILED MAY 2 1955

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **118** PRIMARY REG. DIST. NO. **4188** Registrar's No. **17**

0370

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

1. PLACE OF DEATH a. COUNTY <b>Gasconade</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Gasconade</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Owensville</b>	c. LENGTH OF STAY (In this place) <b>10 yrs.</b>	c. CITY (If outside corporate limits, write RURAL and give township) <b>Owensville</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Residence</b>		d. STREET ADDRESS (If rural, give location) <b>**</b>	

3. NAME OF DECEASED (Type or Print)	a. (First) <b>Minnie</b>	b. (Middle) <b>Augusta</b>	c. (Last) <b>Hollandsworth</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>April 19, 1955</b>
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5. SEX <b>female</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>	8. DATE OF BIRTH <b>June 30, 1891</b>	9. AGE (In years last birthday) Months Days <b>63</b>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>housework</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>own home</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Osage County, Mo.</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
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13a. FATHER'S NAME <b>William Butler</b>	13b. MOTHER'S MAIDEN NAME <b>Elizabeth **</b>	14. NAME OF HUSBAND OR WIFE <b>Henry C. Hollandsworth</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no **</b>	16. SOCIAL SECURITY NO. <b>none</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Henry C. Hollandsworth</b>	ADDRESS <b>Owensville</b>
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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		INTERVAL BETWEEN ONSET AND DEATH <b>3 days</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Nephrosia</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <b>Hypertension</b> <b>Glomerulonephritis</b>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>2980</b>			

19a. DATE OF OPERATION <b>July 1953</b>	19b. MAJOR FINDINGS OF OPERATION <b>Hypertension enlarged spleen - both spleen and</b>	20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
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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)
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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
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22. I hereby certify that I attended the deceased from **4-18, 1955**, to **4-19, 1955**, that I last saw the deceased alive on **4-18, 1955** and that death occurred at **7:00** m., from the causes and on the date stated above.

23a. SIGNATURE <b>Wesley Stewart - M.D.</b>	(Degree or title)	23b. ADDRESS <b>Wesley Stewart</b>	23c. DATE SIGNED <b>4-22-55</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>	24b. DATE <b>4-22-1955</b>	24c. NAME OF CEMETERY OR CREMATORY <b>City Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Owensville, Mo.</b>
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DATE REC'D BY LOCAL REG. <b>April 23, 1955</b>	REGISTRAR'S SIGNATURE <b>Mrs. Marjorie Jappmeyer</b>	493-D	25. FUNERAL DIRECTOR'S SIGNATURE <b>Wilford H H Winter</b>	ADDRESS <b>OWENSVILLE</b>
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(Licensed Embalmer's Statement on Reverse Side)

**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 Ms

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed Myrlind H. K. Winter

Licensed Embalmer No. 3838

P. O. Address OWENSVILLE

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.