

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED DEC 6 1955

BIRTH NO. _____ REG. DIST. NO. 323 PRIMARY REG. DIST. NO. 4474 Registrar's No. 25

1. PLACE OF DEATH a. COUNTY <u>Saline</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Saline</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Sweet Springs</u>	c. LENGTH OF STAY (in this place) <u>9 days</u>	c. CITY OR TOWN <u>Sweet Springs</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>104 South Elm</u>		STREET ADDRESS (If rural, give location) <u>1/4 mile N. of Sweet Springs Mo</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Seigle</u> b. (Middle) <u>(nmi)</u> c. (Last) <u>Hollingsworth</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 28 1955</u>		
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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>Jan 4, 1886</u>	9. AGE (In years last birthday) <u>69</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) <u>Farmer + Lat Shoe</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Pittsburg Mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>DANIAL Hollingsworth</u>	13b. MOTHER'S MAIDEN NAME <u>SARA Jordan</u>	14. NAME OF HUSBAND OR WIFE <u>Doris Hollingsworth</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	16. SOCIAL SECURITY NO. <u>497-01-377</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Doris Hollingsworth, Sweet Springs Mo</u>
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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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Generalized Arteriosclerosis</u> DUE TO (c) _____		INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u> <u>Second Op.</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	331X		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) (Min.)	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 JUNE, 1954, to 11/28, 1955, that I last saw the deceased alive on 11/27, 1955, and that death occurred at 6:30 am., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Charles A. Taylor, M.D.</u>	23b. ADDRESS <u>Sweet Springs Mo</u>	23c. DATE SIGNED <u>11/29/55</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>Nov. 30, 1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Fairview Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Sweet Springs Missouri</u>
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DATE REC'D BY LOCAL REG. <u>Nov. 30, 1955</u>	REGISTRAR'S SIGNATURE <u>Mary Inaud 509-0</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Edgar & Marley Sweet Springs Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

2970 / 1

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.....
Signature of Student Embalmer

Signed

Edgar L. Mosley

Licensed Embalmer No. 471

P. O. Address *Sweet Springs*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.