

XC-1993760  
REG.#14809

Registration District No. 43 Primary Registration District No. 3007 Registrar's No. 41

FILED DEC 12 1957

S. 300  
1-57

1. PLACE OF DEATH a. COUNTY <b>BUTLER</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>WAYNE</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>POPLAR BLUFF</b>		c. CITY OR TOWN <b>GREENVILLE</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>VETERANS ADM. HOSPITAL</b>		d. STREET ADDRESS <b>STAR ROUTE</b>	
3. NAME OF DECEASED (Type or print) First Middle Last <b>ALLEN (NMI) HOLDSWORTH</b>		4. DATE OF DEATH Month Day Year <b>DECEMBER 2, 1957</b>	
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>10-5-93</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>WAREHOUSE FOREMAN</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>WAREHOUSE</b>	11. BIRTHPLACE (City and state or country) <b>TUXEDO, MISSOURI</b>
13a. FATHER'S NAME <b>MILES HOLDSWORTH</b>		13b. MOTHER'S MAIDEN NAME <b>LOUISE WEHMEYER</b>	14. NAME OF HUSBAND OR WIFE <b>LENA M. HOLDSWORTH</b>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>YES WWI</b>		16. SOCIAL SECURITY NO. <b>494093543</b>	17. INFORMANT Address <b>VA HOSPITAL RECORDS, POPLAR BLUFF, MO.</b>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>CARCINOMA OF LARYNX WITH GENERALIZED METASTASES.</b>			INTERVAL BETWEEN ONSET AND DEATH <b>3 Years</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>161X</b>			
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.			
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from <b>Aug. 5, 1957</b> to <b>Dec. 2, 1957</b> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <b>C. W. GASKINS, M.D.</b> (Degree or title)		22b. ADDRESS <b>Chief, Surg. Svc. VA Hospital, Poplar Bluff, Mo.</b>	22c. DATE SIGNED <b>12/3/57</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	23b. DATE <b>12-2-1957</b>	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City, town, or county) (State) <b>St. Louis, Mo.</b>
24. FUNERAL DIRECTOR ADDRESS <b>Freer Croy &amp; Fitch, Poplar Bluff, Mo.</b>		25. DATE RECD. BY LOCAL DEG. <b>12/5/57</b>	26. REGISTRAR'S SIGNATURE <b>By me</b>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

89-3

RECEIVED

DEC 9 1957

BUTLER CO. HEALTH CENTER

FILE No. \_\_\_\_\_

COPY TO BE  
FORWARDED TO

DATE

TIME

DEC 13 1957

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 *Ray F. Adams*

Licensed Embalmer No. *4928*  
P. O. Address *Poplar Bluff*

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.