

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-018838

STATE FILE NUMBER

FILED MAY 16 1958 Registration District No. 167 Primary Registration District No. 42-56 Registrar's No. 26

300
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519

1. PLACE OF DEATH a. COUNTY <i>Johnson</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Colorado</i> b. COUNTY <i>Colorado</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Holden</i>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN <i>Plummer Colo</i>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>RHD 5</i>		Length of stay in lb <i>2 weeks</i>	d. STREET ADDRESS (If outside, give location) <i>2666 So Plummer et</i>
3. NAME OF DECEASED (Type or print) First Middle Last <i>CATHERINE HOLLANDSWORTH</i>			4. DATE OF DEATH Month Day Year <i>May 14 1958</i>
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>June 24 1888</i>
9. AGE (In years last birthday) <i>69</i>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>	11. BIRTHPLACE (City and state or country) <i>Kingsville, Mo</i>
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY <i>Own Home</i>	12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>
13a. FATHER'S NAME <i>Mark Howard</i>		13b. MOTHER'S MAIDEN NAME <i>Mary C. Hobbs</i>	14. NAME OF HUSBAND OR WIFE <i>Flora Hollandsworth</i>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>no</i>		16. SOCIAL SECURITY NO. <i>521-0968036</i>	17. INFORMANT Address <i>Mrs Allan Roberts Holden Mo</i>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Coronary Thrombosis</i>			INTERVAL BETWEEN ONSET AND DEATH <i>sudden</i>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			<i>4201</i>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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 WORK <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 <i>at view inquest only</i> and last saw her <i>live on</i> <i>May 14 1958</i> Death occurred at <i>8 AM</i> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <i>Kelly Rowland M.D. Coroner</i>		22b. ADDRESS <i>Johnson Co Holden Mo</i>	22c. DATE SIGNED <i>5/15/58</i>
23a. BURIAL, CREATION, REMOVAL (Specify) <i>Removal May 14 1958</i>	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY <i>Plummer Cemetery</i>	23d. LOCATION (City, town, or country) (State) <i>Plummer Colorado</i>
24. FUNERAL DIRECTOR <i>Canaday & Kapp Holden Mo</i>		25. DATE RECD. BY LOCAL REG. <i>May 15, 1958</i>	26. REGISTRAR'S SIGNATURE <i>Mrs H D Redford</i>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

MAY 28 1958

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 *Samuel B Rapp*

Licensed Embalmer No. *4044*

P. O. Address *Holden, W.*

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.