

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-007563

FILED VS FEB 29 1960 274

Registration District No. 274 Primary Registration District No. ~~2052~~ Registrar's No. 79

STATE FILE NUMBER

INDEXED

1. PLACE OF DEATH a. COUNTY <u>PETTIS</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>PETTIS</u>					
b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN <u>LA MONTE</u>		Length of stay in 1b <u>30 YRS</u>		c. CITY OR TOWN <u>LA MONTE</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (if outside, give location)		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First <u>AMANDA</u> Middle <u>ELLEN</u> Last <u>HOLLENBECK</u>				4. DATE OF DEATH Month <u>2</u> Day <u>17</u> Year <u>1960</u>					
5. SEX <u>FEMALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <u>1-30-1902</u>		9. AGE (last birthday) <u>58</u>	
						IF UNDER 1 YEAR		IF UNDER 24 HR	
						Months		Days	
						Hours		Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>SCHOOL TEACHER</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>PUBLIC SCHOOL</u>		11. BIRTHPLACE (City and state or country) <u>KEARNEY MO</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>		
13a. FATHER'S NAME <u>ALBERT BALDWIN</u>			13b. MOTHER'S MAIDEN NAME <u>EMMA M^C CRORY</u>			14. NAME OF HUSBAND OR WIFE <u>RALPH HOLLENBECK</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>NONE</u>		17. INFORMANT <u>Ralph Hollenbeck</u> Address <u>La Monte Mo</u>				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Acute heart block</u>								INTERVAL BETWEEN ONSET AND DEATH <u>4 yr</u>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b) <u>Arteriosclerotic Heart Disease</u>		DUE TO (c)					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)						PART III. If deceased was female was there a pregnancy in last 90 days. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
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 _____ a.m. _____ p.m. _____		Month, Day, Year _____							
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 <u>Dec 59</u> to <u>17 Feb 60</u> and last saw her alive on <u>2-15-60</u> Death occurred at <u>5 a m</u> on the date stated above, and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE <u>David R Edwards MA</u> (Degree or title)				22b. ADDRESS <u>Ledalia Mo</u>				22c. DATE SIGNED <u>2/18/60</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		23b. DATE <u>2-19-1960</u>		23c. NAME OF CEMETERY OR CREMATORY <u>GREEN RIDGE CEMETERY</u>		23d. LOCATION (City, town, or county) <u>GREEN RIDGE</u>		23e. (State) <u>MO</u>	
24. FUNERAL DIRECTOR <u>Paul M. Moore - La Monte Mo</u> ADDRESS				25. DATE RECD. BY LOCAL REG. <u>2-23-1960</u>		26. REGISTRAR'S SIGNATURE <u>Frances Shelby</u>			

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

MAY 8 1960

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____ or by _____, Student Embalmer No. _____ working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Paul M. Moore

Licensed Embalmer No. 3923

P. O. Address Le Montreux

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform 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.