

R. DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH
LED VS MAY 16 1960

=60-020076

STATE FILE NUMBER

Registration District No. 207 Primary Registration District No. _____ Registrar's No. 18

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY <u>Maries</u>		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Jefferson Twp.</u>		a. STATE <u>Missouri</u> COUNTY <u>Maries</u>		c. CITY OR TOWN <u>Bland, Mo.</u>	
Length of stay in 1b <u>9 yrs.</u>		c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Farm Home</u>		d. STREET ADDRESS (If outside, give location) <u>Rural Route 3</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>Eva</u> Middle <u>Ora</u> Last <u>Hollingsworth</u>				4. DATE OF DEATH Month <u>May</u> Day <u>4</u> Year <u>1960</u>			
5. SEX <u>female</u>	6. COLOR OR RACE <u>white</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>4-19-1881</u>	9. AGE (last birthday) <u>79</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HR Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housework</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>own home</u>		11. BIRTHPLACE (City and state or country) <u>near Rosebud, Mo.</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>	
13a. FATHER'S NAME <u>Wilford P. Melton</u>			13b. MOTHER'S MAIDEN NAME <u>Mary I. Cowan</u>		14. NAME OF HUSBAND OR WIFE <u>James T. Hollingsworth</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 Address <u>Alva Hollingsworth Belle, Mo.</u>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:						INTERVAL BETWEEN ONSET AND DEATH	
IMMEDIATE CAUSE (a) <u>Cardiac Arrest</u>							
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Cerebral Embolism</u>						<u>3 hours</u>	
DUE TO (c) <u>Generalized Debility</u>						<u>1 yr</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Advanced Age</u>					PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" 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 checked="" 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>7/29/58</u> to <u>May 4, 1960</u> and last saw her <u>big</u> alive on <u>May 3, 1960</u> . Death occurred at <u>12:15 P.</u> m on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <u>Wm Hedden</u> (Degree or title)				22b. ADDRESS <u>Bland, Mo</u>		22c. DATE SIGNED <u>5-5-60</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		23b. DATE <u>5-7-1960</u>		23c. NAME OF CEMETERY OR CREMATORY <u>New Salem Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>near Owensville, Mo.</u>	
24. FUNERAL DIRECTOR ADDRESS <u>Gottenstroeter Funeral Home Owensville, Mo.</u>			25. DATE RECD. BY LOCAL REG. <u>May 9-1960</u>		26. REGISTRAR'S SIGNATURE <u>Mozelle Hutchins</u>		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

Wilford H H Winter (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 _____
or by Me _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Malford H H Win

Licensed Embalmer No. 383

P. O. Address OWENSU

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.