

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS. OCT 24 1960

=60-037901

STATE FILE NUMBER

Registration District No. 100

Primary Registration District No. 3018

Registrar's No. 84

84

INDEXED

1. PLACE OF DEATH a. COUNTY Dent				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Dent					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Salem		Length of stay in 1b 20 years		c. CITY OR TOWN Salem		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 301 S. Washington			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 301 S. Washington			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First LEO Middle LAVARRE Last HOLLINSHEAD				4. DATE OF DEATH Month October Day 15 Year 1960					
5. SEX Male		6. COLOR OR RACE White		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 7/29/85		9. AGE (last birthday) 75	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Superintendent (Ret.)		10b. KIND OF BUSINESS OR INDUSTRY Garment Factory		11. BIRTHPLACE (City and state or country) Sharpsville, Pa.		12. CITIZEN OF WHAT COUNTRY USA			
13a. FATHER'S NAME James C. Hollinshead			13b. MOTHER'S MAIDEN NAME Katherine Harris			14. NAME OF HUSBAND OR WIFE Emma Mae			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No			16. SOCIAL SECURITY NO. 494-09-7739		17. INFORMANT Emma Mae Hollinshead Address Salem, Mo.				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CORONARY THROMBOSIS DUE TO (b) Coronary Heart Disease DUE TO (c) GENERALIZED ARTERIOSELEROSIS								INTERVAL BETWEEN ONSET AND DEATH 6 hrs. UNKNOWN 6 hrs.	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) CEREBRAL THROMBOSIS WITH HEMIPLEGIA								PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20. 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 3/31/60 to 10/15/60 and last saw him alive on 10-15-60 Death occurred at 6:15 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE L.H. Hunt (Degree or title) M.D.				22b. ADDRESS SALEM, MO. 140				22c. DATE SIGNED 10/17/60	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 10/18/1960		23c. NAME OF CEMETERY OR CREMATORY Catholic Cemetery		23d. LOCATION (City, town, or County) Festus Missouri			
24. FUNERAL DIRECTOR Max L. Waple ADDRESS Salem, Mo.				25. DATE RECD. BY LOCAL REG. 10/17/60		26. REGISTRAR'S SIGNATURE M. M. Hart, M.D.			

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

OCT. 25 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 James E. Kurtright, Student Embalmer No. 611

working under my personal supervision.

Student James E. Kurtright
Signature of Student Embalmer

Signed Max L. Wayful

Licensed Embalmer No. 4170

P. O. Address Aalem, N

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.