

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-007780

STATE FILE NUMBER

Registration District No. 43 Primary Registration District No. 3007 Registrar's No. 168

AMENDED

FILED APR 7 1961

|  |  |   |  |
|--|--|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Butler</u>   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <u>Missouri</u> b. COUNTY <u>Butler</u> |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <u>Poplar Bluff</u>             |  | c. CITY OR TOWN <u>Poplar Bluff</u>   |  |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <u>635 Victor St.</u> |  | d. STREET ADDRESS (If outside, give location)<br><u>635 Victor St.</u>  |  |

|   |                                  |   |   |  |  |
|---|----------------------------------|---|---|--|--|
| 3. NAME OF DECEASED (Type or print)<br>First <u>VIOLA</u> Middle <u>HOLLINGSHEAD</u> Last <u>HOLLINGSHEAD</u>         |                                  |   | 4. DATE OF DEATH<br>Month <u>March</u> Day <u>26</u> Year <u>1961</u>                   |  |  |
| 5. SEX<br><u>Female</u>   | 6. COLOR OR RACE<br><u>White</u> | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH<br><u>4-11-1879</u>  | 9. AGE (last birthday)<br><u>81</u>            | IF UNDER 1 YEAR<br>Months <u>11</u> Days <u>15</u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>housewife</u>       |                                  | 10b. KIND OF BUSINESS OR INDUSTRY<br><u>Home</u>  | 11. BIRTHPLACE (City and state or country)<br><u>Butler Co., Mo.</u>                    | 12. CITIZEN OF WHAT COUNTRY<br><u>USA</u>      |  |
| 13a. FATHER'S NAME<br><u>No Record</u>  |                                  | 13b. MOTHER'S MAIDEN NAME<br><u>No Record</u>   |   | 14. NAME OF HUSBAND OR WIFE<br><u>Deceased</u> |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><u>No</u> |                                  | 16. SOCIAL SECURITY NO.<br><u>None</u>  | 17. INFORMANT<br>Address <u>711 Adams St. Poplar Bluff, Mo.</u><br><u>Alva Davidson</u> |  |  |

|  |                                    |                                  |
|--|------------------------------------|----------------------------------|
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY: |                                    | INTERVAL BETWEEN ONSET AND DEATH |
| IMMEDIATE CAUSE (a) <u>Acute cardiac decompensation</u>  |                                    | <u>24 hrs</u>                    |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.               | DUE TO (b) <u>myocarditis</u>      | <u>70 yrs</u>                    |
|  | DUE TO (c) <u>arteriosclerosis</u> | <u>10 yrs</u>                    |

|  |  |  |  |
|--|--|--|--|
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)<br><u>Cesites secondary to abdominal tumor 5 yrs</u> |  | PART III. If deceased was female was there a pregnancy in last 90 days.<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |  |
|--|--|--|--|

|   |   |  |              |
|---|---|--|--------------|
| 19. WAS AUTOPSY PERFORMED?<br>YES <input type="checkbox"/> NO <input 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<br>Hour <u>          </u> a.m. / p.m.<br>Month, Day, Year <u>          </u> |   | 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 1950 to 26 March 1961 and last saw her alive on 26 March 61  
Death occurred at 12:00 P M on the date stated above, and to the best of my knowledge, from the causes stated.

|   |                |  |   |                                    |
|---|----------------|--|---|------------------------------------|
| 22a. SIGNATURE<br><u>Cyril A. Post M.D.</u> (Degree or title) |                | 22b. ADDRESS<br><u>Poplar Bluff, Mo.</u>     |   | 22c. DATE SIGNED<br><u>3/27/61</u> |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)                     | 23b. DATE      | 23c. NAME OF CEMETERY OR CREMATORY           | 23d. LOCATION (City, town, or county) (State)   |                                    |
| <u>Burial</u>   | <u>3-28-61</u> | <u>Woodlawn Cemetery</u>                     | <u>Poplar Bluff, Missouri</u>                   |                                    |
| 24. FUNERAL DIRECTOR<br><u>Russell-Ermert Corning, Ark.</u>   |                | 25. DATE RECD BY LOCAL REG.<br><u>4/1/61</u> | 26. REGISTRAR'S SIGNATURE<br><u>[Signature]</u> |                                    |

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

**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 Richard P. Ewert

Licensed Embalmer No. 782

P. O. Address CORNING, N. H.

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.