SOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-61-009906
STATE FILE NUMBER

AMENDED

Registration District No. 243 Primary Registration District No. 4364 Registrar's No. 13

FILED APR 14 1961

1. PLACE OF DEATH
a. COUNTY Newton

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Newton

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Stark City — Length of stay in 1b 4 yrs.

c. CITY OR TOWN Stark City — Inside Limits Yes ☐ No ☒

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Her Home — Inside Limits Yes ☐ No ☒

d. STREET ADDRESS (If outside, give location) R.F.D. — Reside on Farm Yes ☒ No ☐

3. NAME OF DECEASED (Type or print) First Mabel Middle Lee Last Hollabaugh

4. DATE OF DEATH Month March Day 11 Year 1961

5. SEX Female

6. COLOR OR RACE White

7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐

8. DATE OF BIRTH Aug. 5, 1905

9. AGE (last birthday) 55 — 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) House wife

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country) Barry Co. Missouri

12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME Hunter Warren

13b. MOTHER'S MAIDEN NAME Lizzie Garrison

14. NAME OF HUSBAND OR WIFE Earl Hollabaugh

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT Address Earl Hollabaugh, Stark City, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Arteriosclerotic Heart disease — INTERVAL BETWEEN ONSET AND DEATH 2 yrs

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) Generalized arteriosclerosis — ?

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

1) Severe deformity Rheumatoid arthritis 2) Gastrointestinal hemorrhage - Cu.

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

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 ☐ NOT WHILE AT WORK ☐

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 2-10-61, to 3-11-61 and last saw her/him alive on 2-10-61

Death occurred at 5.45 p.m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) F. L. Edward M.D.

22b. ADDRESS Monett, Mo

22c. DATE SIGNED 3-13-61

23a. BURIAL, CREMATION, REMOVAL (Specify) burial

23b. DATE March, 14, 61

23c. NAME OF CEMETERY OR CREMATORY Concord

23d. LOCATION (City, town, or county) (State) Barry Co. Mo.

24. FUNERAL DIRECTOR ADDRESS McQueen Funeral Home, Wheaton Mo.

25. DATE RECD. BY LOCAL REG. 3-15-61

26. REGISTRAR'S SIGNATURE Mildred Moherty

(Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED — INSTEAD OF — SHOULD READ — ITEM NO. — DOCUMENT — BY AFFIDAVIT OF — MEDICAL CERTIFICATION

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 Paul D Herbert

Licensed Embalmer No. 4576

P. O. Address Cassville Mo

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.