

SOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-013226

STATE FILE NUMBER

AMENDED

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT MEDICAL CERTIFICATION BY AFFIDAVIT OF

Registration District No. 116 Primary Registration District No. 3020 Registrar's No. 116

FILED MAY 8 1961

1. PLACE OF DEATH
 a. COUNTY Franklin
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Washington Length of stay in 1b _____
 c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Francis Hospital Inside Limits Yes No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
 a. STATE Missouri b. COUNTY Gasconade
 c. CITY OR TOWN Owensville Inside Limits Yes No
 d. STREET ADDRESS (If outside, give location) _____ Reside on Farm Yes No

3. NAME OF DECEASED First Middle Last Henry Charles Hollandsworth
 4. DATE OF DEATH Month Day Year May 1, 1961

5. SEX male 6. COLOR OR RACE white 7. Married Never Married Widowed Divorced
 8. DATE OF BIRTH 5-15-1886 9. AGE (last birthday) 74 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) retired farmer
 10b. KIND OF BUSINESS OR INDUSTRY farming 11. BIRTHPLACE (City and state or country) Old Bland, Mo. 12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME Jerry Hollandsworth 13b. MOTHER'S MAIDEN NAME ** Reed 14. NAME OF HUSBAND OR WIFE worth Minnie Butler Hollands

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no ** 17. INFORMANT Address Mrs. Minnie Janes St. Louis, 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) Acute Bronchopneumonia
 DUE TO (b) Organism Undetermined
 DUE TO (c) _____
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Congestive Heart Failure Due to Coronary Artery
 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.) intoxication

20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m. _____

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 5/4/56 to 5/1/61 and last saw him live on 5/1/61
 Death occurred at 10:40 A. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) James A. Shea MD 22b. ADDRESS Herald Mo. 22c. DATE SIGNED 5/1/61

23a. BURIAL, CREMATION, REMOVAL (Specify) burial 23b. DATE 5-4-1961 23c. NAME OF CEMETERY OR CREMATORY City Cemetery 23d. LOCATION (City, town, or county) (State) Owensville, Mo.

24. FUNERAL DIRECTOR ADDRESS Gottenstroeter Funeral Home 25. DATE RECD. BY LOCAL REG. 5/4/61 26. REGISTRAR'S SIGNATURE Leola Hudson
Owensville, Mo.
Michael W. Winter (Licensed Embalmer's Statement on Reverse Side)

MAY 16 1961

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 Terry A. Thompson, Student Embalmer No. 624 working under my personal supervision.

Student Terry A. Thompson
Signature of Student Embalmer

Signed Myford H. Winter

Licensed Embalmer No. 3838

P. O. Address OWENSVILLE

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.