

OURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-024952

STATE FILE NUMBER

Registration District No. 382 Primary Registration District No. 4228 Registrar's No. 12

AMENDED

FILED AUG 10 1961

1. PLACE OF DEATH a. COUNTY <u>Howard</u>		2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Howard</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Glasgow</u>		Length of stay in 1b. <u>8 yrs.</u>	c. CITY OR TOWN <u>Glasgow</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>5th Street</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS <u>5th Street</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <u>David</u> Middle <u>K. Hollenbeck</u> Last <u></u>			4. DATE OF DEATH Month <u>Aug.</u> Day <u>3</u> Year <u>1961</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>Jan 13 1953</u>	9. AGE (last birthday) <u>8</u>	IF UNDER 1 YEAR Months <u></u> Days <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Student</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>School</u>	11. BIRTHPLACE (City and state or country) <u>Glasgow Mo.</u>	12. CITIZEN OF WHAT COUNTRY <u>U. S. A.</u>	

13a. FATHER'S NAME <u>Chester C. Hollenbeck</u>	13b. MOTHER'S MAIDEN NAME <u>Grace Luille Wood</u>	14. NAME OF HUSBAND OR WIFE <u></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 <u>C. E. Hollenbeck</u> Address <u>Glasgow Mo.</u>

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Circulatory failure

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Congenital heart disease

DUE TO (c)

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

PART III. If deceased was female was there a pregnancy in last 90 days.
 Yes No 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 <u></u> Month, Day, Year <u></u> a.m. <u></u> p.m. <u></u>	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 August - 1st only to Aug 1st and last saw ^{him} alive on Aug 1st.
Death occurred at 9:30 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <u>J. E. Horns</u> (Degree or title)	22b. ADDRESS <u>Glasgow, Mo</u>	22c. DATE SIGNED <u>8-4-61</u>
23a. MURIAL, CREMATION, OR REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>Aug. 5 1961</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Washington</u>
23d. LOCATION (City, town, or county) (State) <u>Glasgow Mo.</u>	25. DATE RECD. BY LOCAL REG. <u>8-4-61</u>	26. REGISTRAR'S SIGNATURE <u>Walker Audsley</u>

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

FUNERAL DIRECTOR
Trenton Funeral Service Glasgow Mo. ADDRESS

OCT 25 1962

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 Ed. Trimmont

Licensed Embalmer No. 3978
P. O. Address Glasgow, Pa.

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.