MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-61-028110
STATE FILE NUMBER

AMENDED

Registration District No. 353 Primary Registration District No. 6196 Registrar's No. 12

FILED AUG 8 1961

1. PLACE OF DEATH
a. COUNTY Texas County
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Licking, Missouri — Length of stay in 1b: 5 yr
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Craddock Nursing Home — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Dent
c. CITY OR TOWN Salem, Rt. 5, Mo. — Inside Limits: Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location) Salem, Rt. 5, Mo. — Reside on Farm: Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First: Martha Middle: Josephine Last: Hollingsworth

4. DATE OF DEATH Month: July Day: 30, ~~1883~~ Year: 1961

5. SEX: Female
6. COLOR OR RACE: White
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH: July 27, 1883
9. AGE (last birthday): 78
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): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Housekeeping
11. BIRTHPLACE (City and state or country): Dent County
12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: Joseph B urns
13b. MOTHER'S MAIDEN NAME: Rebbecca Skeeters
14. NAME OF HUSBAND OR WIFE: Shade Hollingsworth

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): X
16. SOCIAL SECURITY NO.: X
17. INFORMANT: Lee Nelson, Salem, Rt. 5, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Cardiac + pulmonary arrest
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) acute circulatory failure
DUE TO (c) Cerebral thrombosis
INTERVAL BETWEEN ONSET AND DEATH: 1 month

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

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 June 1961, to July 30, 1961 and last saw her ~~him~~ alive on July 29, 1961
Death occurred at 2:15 a m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE B. F. Myers (Degree or title) DO.
22b. ADDRESS Licking, Mo.
22c. DATE SIGNED 8-1-61

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: Aug. 1, 1961
23c. NAME OF CEMETERY OR CREMATORY: North Lawn Memorial
23d. LOCATION (City, town, or county) (State): Salem, Missouri

24. FUNERAL DIRECTOR: SPENCER FUNERAL HOME INC. ADDRESS: SALEM, MO.
25. DATE RECD. BY LOCAL REG.: Aug. 3 1961
26. REGISTRAR'S SIGNATURE: Elnora E. Hesse

(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED

BY AFFIDAVIT OF DOCUMENT

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_____ Signed_____

Signature of Student Embalmer

Licensed Embalmer No. 2370

P. O. Address Salem M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to compl 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.