MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-030411
STATE FILE NUMBER

Registration District No. 75 Primary Registration District No. 3015 Registrar's No. 86

FILED SEP 4 1962

DO NOT WRITE ON THIS STUB — AMENDED

VS 300 Rev. 4/59

1	0257
2	0251
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USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS: DATE AMENDED | INSTEAD OF | SHOULD READ | ITEM NO. | BY AFFIDAVIT OF DOCUMENT

1. PLACE OF DEATH
a. COUNTY: Clinton
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Cameron — Length of stay in lb: 6 Days
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): Cameron Community Hospt. — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo — b. COUNTY: Clinton
c. CITY OR TOWN: Cameron — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 408-W Prospect — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First Verna — Middle Lucretia — Last Hollingsworth
4. DATE OF DEATH: Month 8 — Day 11 — Year 1962
5. SEX: F
6. COLOR OR RACE: W
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 4-17-1886
9. AGE (last birthday): 76 — 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: Self
11. BIRTHPLACE (City and state or country): Kidder Mo
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: Henry T. Thomas
13b. MOTHER'S MAIDEN NAME: Mary L. Roper
14. NAME OF HUSBAND OR WIFE: E.A. Hollingsworth
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No — (If yes, give war or dates of service) None
16. SOCIAL SECURITY NO.: None
17. INFORMANT: E.A. Hollingsworth — Address: Cameron 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): Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 6 Days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Arteriosclerotic Heart Disease — 10 years
DUE TO (c):
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): obesity
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 8-5-62, to 8-11-62 and last saw her/him alive on 8-10-62
Death occurred at 3:35 A.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): G F Netherton MD
22b. ADDRESS: Cameron Mo
22c. DATE SIGNED: 8-15-62

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 8-13-1962
23c. NAME OF CEMETERY OR CREMATORY: Packard Cemetery
23d. LOCATION (City, town, or county) (State): Cameron Mo

24. FUNERAL DIRECTOR — ADDRESS: Poland Funeral Home Cameron Mo
25. DATE RECD. BY LOCAL REG.: Aug 16 1962
26. REGISTRAR'S SIGNATURE: Francis D Crawford

(Licensed Embalmer's Statement on Reverse Side)

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 Robert F Poland

Signature of Student Embalmer

Licensed Embalmer No. 4777

P. O. Address 222 West 3th St Cameron 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.