MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

62-047806
STATE FILE NUMBER

Registration District No. 251 Primary Registration District No. — Registrar's No. 286

FILED DEC 26 1962

DO NOT WRITE ON THIS STUB — AMENDED

VS 300 Rev. 4/59

1 0740
2 0740
3
4 1
5 1
6
7 0
8 2
9 1530
10
11
12 90-0
13 1-0

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED

BY AFFIDAVIT OF DOCUMENT

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH
a. COUNTY: Nodaway
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Pickering - rural — Length of stay in 1b: 38 yrs.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Family Home — Inside Limits: Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri — b. COUNTY: Nodaway
c. CITY OR TOWN: Pickering — Inside Limits: Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location): 3½ miles southeast — Reside on Farm: Yes ☒ No ☐

3. NAME OF DECEASED (Type or print): First: MARION — Middle: CLAIRE — Last: HOLLENSBE

4. DATE OF DEATH: Month: 12 — Day: 15 — Year: 62

5. SEX: Female

6. COLOR OR RACE: White

7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐

8. DATE OF BIRTH: 12/12/03

9. AGE (last birthday): 59

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: Own home

11. BIRTHPLACE (City and state or country): Pickering, Mo.

12. CITIZEN OF WHAT COUNTRY: USA

13a. FATHER'S NAME: John Henry Hanna

13b. MOTHER'S MAIDEN NAME: Lizzie Neal

14. NAME OF HUSBAND OR WIFE: Lester Hollensbe

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.: none

17. INFORMANT: Lester H. Hollensbe, Pickering, Mo. — Address

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): Cachexia
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Carcinoma cecum — INTERVAL BETWEEN ONSET AND DEATH: 2½ yrs
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 ☐ 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 1958 to 12/15/62 and last saw her alive on 12/15/62
Death occurred at 9:45 P.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): R. E. Lunsford M. D.

22b. ADDRESS: Maryville, Missouri

22c. DATE SIGNED: 12/17/62

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

23b. DATE: 12/17/62

23c. NAME OF CEMETERY OR CREMATORY: Nodaway Memorial Gardens

23d. LOCATION (City, town, or county) (State): Maryville, Mo.

24. FUNERAL DIRECTOR: Price Funeral Home, Maryville, Mo. — ADDRESS

25. DATE RECD. BY LOCAL REG.: 12-17 62

26. REGISTRAR'S SIGNATURE: Leas Wolf

(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 G. T. Merrick

Signature of Student Embalmer

Licensed Embalmer No. 5788

P. O. Address Maryville 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.