

FILED FEB 14 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 1722

BIRTH NO. _____ REG. DIST. NO. 195 PRIMARY REG. DIST. NO. 5714 Registrar's No. 5

1. PLACE OF DEATH a. COUNTY <i>McDonald</i>		2. USUAL RESIDENCE (Type or declare if deceased lived. If institution: residence before admission.) a. STATE <i>Missouri</i> b. COUNTY <i>McDonald</i>	
b. CITY (If outside corporate limits, write RURAL and give township) <i>Lanagan</i>		c. CITY (If outside corporate limits, write RURAL and give township) <i>Lanagan</i>	
c. LENGTH OF STAY (in this place) <i>28 yrs</i>		d. STREET ADDRESS (If rural, give location) <i>None</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>None</i>			

3. NAME OF DECEASED (Type or Print) a. (First) <i>ANNA</i> b. (Middle) <i>- LAURA</i> c. (Last) <i>- HOLLENBECK</i>			4. DATE OF DEATH (Month) (Day) (Year) <i>1-26-50</i>		
5. SEX <i>F</i>	6. COLOR OR RACE <i>W</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>M</i>	8. DATE OF BIRTH <i>9-9-1891</i>	9. AGE (In years last birthday) <i>58</i>	10. IF UNDER 1 YEAR Months <i>4</i> Days <i>19</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>None</i>	11. BIRTHPLACE (State or foreign country) <i>Lanagan, Mo</i>		12. CITIZEN OF WHAT COUNTRY <i>U.S.</i>
13a. FATHER'S NAME <i>Bennett Bell</i>		13b. MOTHER'S MAIDEN NAME <i>Hattie Morris</i>		14. NAME OF HUSBAND OR WIFE <i>Delbert Hollenbeck</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <i>no</i>		16. SOCIAL SECURITY NO. <i>None</i>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <i>Delbert Hollenbeck Lanagan, Mo.</i>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Pulmonary Tuberculosis</i>		INTERVAL BETWEEN ONSET AND DEATH <i>5 years</i>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause, (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *April, 1949*, to *Jan 26, 1950*, that I last saw the deceased alive on *Jan 26, 1950*, and that death occurred at *7:30 A.M.*, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <i>R.D. Fountain M.D.</i>		23b. ADDRESS <i>202 W. 1st St. Mo.</i>		23c. DATE SIGNED <i>Jan 30, 1950</i>
24a. SERIAL, CREMATION, REMOVAL (Specify)	24b. DATE <i>1-29-50</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Lanagan</i>	24d. LOCATION (City, town, or county) (State) <i>Lanagan, Mo.</i>	
DATE REC'D BY LOCAL REG. <i>1-30-1950</i>	REGISTRAR'S SIGNATURE <i>W. M. Humphrey</i>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>W. M. Humphrey Pineville, Mo.</i>		

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

600
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0600

002X

RECEIVED FEB 6 1950
District Health Office No. 6,
District File Number 250-171
Date Filed 2-6-50

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
Student Embalmer

Signed H. M. Humphrey Jr.

Licensed Embalmer No. 4708

P. O. Address Noel, 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 this body is not embalmed, fact should be so stated above.