

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **19316**

FILED JUN 26 1951

BIRTH NO. _____		REG. DIST. NO. <u>1</u>	PRIMARY REG. DIST. NO. <u>5006</u>	Registrar's No. <u>170</u>
1. PLACE OF DEATH a. COUNTY <u>Adair</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Putnam</u>		
b. CITY OR TOWN <u>Hicksville Polk Twp</u>	c. LENGTH OF STAY (in this place) <u>1 mos.</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Lucerne</u> <u>8860</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Wabash Trachs. H. of Hicksville</u>		d. STREET ADDRESS (If rural, give location) <u>1</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>Joseph</u> b. (Middle) <u>Elmer</u> c. (Last) <u>Hollenbeck</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>June 15 1951</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Unknown</u>	9. AGE (In years last birthday) <u>78</u> IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 24 HRS: Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Fairmer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Retired</u>	11. BIRTHPLACE (State or foreign country) <u>Mercer Co. Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>Jacob Hollenbeck</u>		13b. MOTHER'S MAIDEN NAME <u>Elizabeth Bailey</u>		14. NAME OF HUSBAND OR WIFE _____
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'S SIGNATURE OR NAME <u>R.F.D.</u> ADDRESS <u>Clarence Munden, Unionville, Mo.</u>
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) <u>Concussion of Brain</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Railway accident (Walking across track) (when struck by freight train)</u> DUE TO (c) <u>Internal injuries</u>		INTERVAL BETWEEN ONSET AND DEATH <u>instant</u>
19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION <u>E802X 35</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Railroad right of way</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Polk Twp Adair Mo.</u>		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>June 15 1951 10:50 P</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Crossing railroad track - struck by train</u>		
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>10:50 p.m.</u> , from the causes and on the date stated above.				
23a. SIGNATURE <u>Robert B. Davis</u> (Degree or title) <u>Coroner</u>		23b. ADDRESS <u>Hicksville (Adair) Mo</u>		23c. DATE SIGNED <u>6-16-51</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>removal</u>	24b. DATE <u>6-16-51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Paranna Cem.</u>	24d. LOCATION (City, town, or county) (State) <u>Mercer Co. Mo</u>	
DATE REC'D BY LOCAL REG. <u>6-18-51</u>	REGISTRAR'S SIGNATURE <u>Hate Lambert</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Adusted and Son Unionville, Mo.</u>		

(Licensed Embalmer's Statement on Reverse Side)

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

Date Received: JUN 25 1951  
DISTRICT HEALTH OFFICE #2  
District File Number 6-51-1138  
Date Filed: JUN 25 1951

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.....

.....  
working under my personal supervision.

Student Embalmer No.....

Signed.....

*Robert B. Davis*

Signed.....

Student Embalmer

Licensed Embalmer No. *4219*

P. O. Address *Beckville, 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.