

STANDARD CERTIFICATE OF DEATH

State File No. **17094**

S. No. 300
V. 10.48

FILED JUN 9 1952

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

BIRTH NO. _____		REG. DIST. NO. <u>174</u>		PRIMARY REG. DIST. NO. <u>3035</u>		Registrar's No. <u>45</u>	
1. PLACE OF DEATH a. COUNTY <u>Lafayette</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Lafayette</u>			
b. CITY OR TOWN <u>Lexington</u>		c. LENGTH OF STAY (In this place) <u>4 years</u>		c. CITY OR TOWN <u>Lexington</u>		d. STREET ADDRESS (If rural, give location) <u>South 20th St.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>South 20th St.</u>				d. STREET ADDRESS (If rural, give location) <u>South 20th St.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Della</u> b. (Middle) <u>Hollingsworth</u> c. (Last) <u>Farr</u>			4. DATE OF DEATH <u>May 14, 1952</u>				
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Divorced</u>	8. DATE OF BIRTH <u>December 1, 1884</u>		9. AGE (In years last birthday) <u>67</u>	10. MONTHS <u>5</u>	11. DAYS <u>13</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>At Home housekeeper</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Own home</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Not known</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>Not known</u>			13b. MOTHER'S MAIDEN NAME <u>Martha Cox</u>		14. NAME OF HUSBAND OR WIFE (second husband) <u>John F. Hollingsworth</u>		
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>Marie Snell, Lexington, Missouri.</u> ADDRESS _____			
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>Paralysis agitans</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>Unknown</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>					INTERVAL BETWEEN ONSET AND DEATH <u>1 yr. ?</u>
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>350X</u>					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) _____		21f. HOW DID INJURY OCCUR? _____	
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 <u>May 1, 1951</u> , to <u>May 14, 1952</u> , that I last saw the deceased alive on <u>May 14, 1952</u> , and that death occurred at <u>5:50 P. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Bern H. Brasher, M.D.</u> (Degree or title)				23b. ADDRESS <u>Lexington, Mo.</u>		23c. DATE SIGNED <u>5/31/52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>May 17, 1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Machpelah</u>		24d. LOCATION (City, town, or county) (State) <u>Lexington, Missouri.</u>		
DATE REC'D BY LOCAL REG. <u>6-5-52</u>		REGISTRAR'S SIGNATURE <u>M. M. ...</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>T. ...</u>		ADDRESS _____	

Paul

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 *Leo M. Keane* _____

Licensed Embalmer No. *2983* _____

P. O. Address *Leungton Missouri* _____

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.