

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

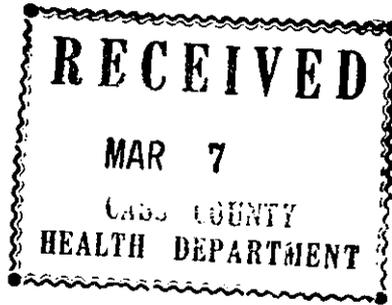
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FILED MAR 11 1953

5224 State File No. 49

BIRTH NO. _____		REG. DIST. NO. <u>59</u>		PRIMARY REG. DIST. NO. <u>4097</u>		Registrar's No. <u>49</u>	
1. PLACE OF DEATH a. COUNTY <u>Cass</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY <u>Cass</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Grandriver</u>		c. LENGTH OF STAY (In this place) <u>24 yrs</u>		c. CITY OR TOWN <u>Rural Grandriver</u>		0190	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>5 mi S.W. of Harrisonville</u>				d. STREET ADDRESS (If rural, give location) <u>R.R. # 3</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Harold</u> b. (Middle) <u>Arthur</u> c. (Last) <u>Hollett</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Feb 28-1953</u>				
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Oct 27-1905</u>	
9. AGE (In years last birthday) <u>47</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 1 MRS. Hours _____ Mins. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Active</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Cass Co. Mo</u>		12. CITIZEN OF WHAT COUNTRY <u>USA.</u>
13a. FATHER'S NAME <u>Pearl Hollett</u>			13b. MOTHER'S MAIDEN NAME <u>Lora Holloway</u>		14. NAME OF HUSBAND OR WIFE <u>Luella Hollett</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. (If yes, give war or date of service) <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Luella Hollett</u>		ADDRESS <u>Harrisonville 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>Traumatic crushing and fall</u> INTERVAL BETWEEN ONSET AND DEATH _____ ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>rupturing of internal organ</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>E 9121</u> <u>3</u>					
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) <u>accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>farm</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Grandriver Cass MO</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hr) (Min) <u>2 28 58 10^{PM}</u>		21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Tractor turned over & crushed him</u>			
22. I hereby certify that I attended the deceased from <u>Jan 1952</u> , to <u>Feb 28, 1953</u> , that I last saw the deceased alive on <u>Feb 26, 1953</u> , and that death occurred at <u>10:30</u> a.m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Harry B. Newton</u>				23b. ADDRESS <u>Harrisonville, Mo.</u>		23c. DATE SIGNED <u>2-4-53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Mar 3-1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Pleasant Ridge</u>		24d. LOCATION (City, town, or county) (State) <u>Near Harrisonville MO.</u>	
DATE REC'D BY LOCAL REG. <u>Mar 3/1953</u>		REGISTRAR'S SIGNATURE <u>Dora Barnard</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Harrisonville</u>		ADDRESS <u>Harrisonville</u>	

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



1956 JUN 6

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 Walter Robinson

Licensed Embalmer No. 3970

P. O. Address Harrisville

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.

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