

**CERTIFICATION OF DEATH**

**BIRTH NUMBER:**

**STATE FILE NUMBER: 2020-043-00992**

**7912476**

<b>DECEDENT</b>	DECEDENT'S NAME - (LAST, FIRST, MIDDLE, SUFFIX) HOLLINGSWORTH, CHRISTOPHER CLAY		DATE OF BIRTH 04/24/1974	DATE OF DEATH 09/22/2020	TIME OF DEATH 03:50 AM
	PLACE OF BIRTH - (CITY, STATE, COUNTRY) MONROE, LA UNITED STATES		SEX MALE	SOCIAL SECURITY NUMBER 435-57-9875	AGE 46 YEARS
	DECEDENT'S ALIAS NAME(S) - (LAST, FIRST, MIDDLE, SUFFIX):				
	RESIDENCE OF DECEDENT - (STREET ADDRESS, CITY, STATE, ZIP CODE, COUNTRY) 201 ROY SULLIVAN RD., WEST MONROE, LA 71291 UNITED STATES			WITHIN CITY LIMITS? NO	PARISH/COUNTY OUACHITA
<b>PERSONAL</b>	EVER IN U.S. ARMED FORCES? YES		OCCUPATION STATE TROOPER	INDUSTRY OF OCCUPATION LAW ENFORCEMENT	
	MARITAL STATUS MARRIED	NAME OF SURVIVING SPOUSE (LAST, FIRST, MIDDLE, SUFFIX) BENNETT, DARBY			
	FATHER/PARENT NAME - (LAST, FIRST, MIDDLE, SUFFIX) HOLLINGSWORTH, CLAY DOUGLAS	FATHER/PARENT PLACE OF BIRTH - (CITY, STATE, COUNTRY) UNKNOWN, UNKNOWN NOT CLASSIFIABLE			
	MOTHER/PARENT NAME - (LAST, FIRST, MIDDLE, SUFFIX) GOLDSBERRY, CONCHITA MARIA	MOTHER/PARENT PLACE OF BIRTH - (CITY, STATE, COUNTRY) STARK CITY, MO UNITED STATES			
	INFORMANT'S NAME - (LAST, FIRST, MIDDLE, SUFFIX) HOLLINGSWORTH, DARBY	RELATIONSHIP TO DECEDENT WIFE	INFORMANT'S ADDRESS 201 ROY SULLIVAN RD., WEST MONROE, LA 71291 UNITED STATES		
	EDUCATION: SOME COLLEGE CREDIT, BUT NO DEGREE				
	OF HISPANIC ORIGIN?: NO, NOT SPANISH/HISPANIC/LATINO				
	RACE: WHITE				
<b>DEATH INFO</b>	PLACE OF DEATH INPATIENT		FACILITY NAME OCHSNER LSU HEALTH SHREVEPORT		
	FACILITY ADDRESS - (STREET ADDRESS, CITY, STATE, ZIP CODE, COUNTRY) 1541 KINGS HWY., SHREVEPORT, LA 71103 UNITED STATES				PARISH/COUNTY CADD0
<b>DISPOSITION</b>	METHOD OF DISPOSITION BURIAL		PLACE OF DISPOSITION NEW CHAPEL HILL BAPTIST CHURCH CEMETERY		
	PLACE OF DISPOSITION - (CITY, STATE, COUNTRY) WEST MONROE, LA UNITED STATES				DATE OF DISPOSITION 09/25/2020
<b>FUNERAL FACILITY</b>	FUNERAL FACILITY NAME MULHEARN FUNERAL HOME, INC. - WEST MONROE		ADDRESS OF FUNERAL FACILITY 300 MCMILLAN RD., WEST MONROE, LA 71291 UNITED STATES		
	NAME OF FUNERAL DIRECTOR (LAST, FIRST, MIDDLE, SUFFIX) MULHEARN, PETER G		LICENSE NUMBER E2140	CORONER NOTIFIED? Y	
	SIGNATURE OF FUNERAL DIRECTOR "e-sign"			DATE 10/28/2020	
<b>MEDICAL INFO</b>	MANNER OF DEATH IF FEMALE?		ACCIDENT NOT APPLICABLE		
	DID TOBACCO USAGE CONTRIBUTE TO DEATH?		NO		
<b>CAUSE OF DEATH</b>	PART I. Enter the chain of events - diseases, injuries, or complications - that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE.				APPROXIMATE INTERVAL: Onset to Death
	IMMEDIATE CAUSE - (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to the cause listed on line a.		a. MULTIPLE BLUNT FORCE INJURIES		UNK
	Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST		b.		
			c.		
			d.		
	PART II. Enter other significant conditions contributing to death but not resulting in the underlying cause given in PART I.				
	WAS AN AUTOPSY PERFORMED? YES		FINDINGS USED IN DETERMINING CAUSE? YES		
<b>INJURY INFORMATION</b>	PLACE OF INJURY HIGHWAY	DATE OF INJURY 09/21/2020	TIME OF INJURY 02:40 AM	INJURY AT WORK N	IF TRANSPORTATION INJURY, SPECIFY: DRIVER
	LOCATION OF INJURY - (STREET ADDRESS, CITY, STATE, ZIP CODE, COUNTRY) I-20 EAST AT EXIT 118AB, MONROE, LA 71201 UNITED STATES				PARISH/COUNTY OUACHITA
	DESCRIBE HOW INJURY OCCURRED MULTIPLE BLUNT FORCE INJURIES				
<b>CERTIFIER</b>	I CERTIFY THIS 'CORONER CASE' BASED ON MY EXAMINATION OR INVESTIGATION AND, IN MY OPINION, DEATH OCCURRED AT THE TIME, DATE, AND PLACE, AND DUE TO THE CAUSE(S) AND MANNER STATED.				
	SIGNATURE OF CERTIFIER: "e-sign"		DATE 10/25/2020		
	CERTIFIER NAME - (LAST, FIRST, MIDDLE, SUFFIX) O'NEAL, TERI B				
	CERTIFIER TITLE: CORONER				
	CERTIFIER ADDRESS - (STREET ADDRESS, CITY, STATE, ZIP CODE, COUNTRY) 103 MCMILLAN RD., WEST MONROE, LA 71291 UNITED STATES				
	BURIAL TRANSIT PERMIT 384729	PARISH OF ISSUE ORLEANS	DATE OF ISSUE 09/24/2020	DATE FILED WITH REGISTRAR 10/28/2020	
<b>REGISTRAR</b>	SIGNATURE OF REGISTRAR DEVIN GEORGE "e-sign"				

ISSUED BY: Thompson, Kimberly R.

Issued On: 10/28/2020 2:51:18 PM



007912476

I CERTIFY THAT THIS IS A TRUE AND CORRECT COPY OF A CERTIFICATE OR DOCUMENT REGISTERED WITH THE VITAL RECORDS REGISTRY OF THE STATE OF LOUISIANA, PURSUANT TO LSA - R.S.40:32, ET SEQ.

A REPRODUCTION OF THIS DOCUMENT IS VOID AND INVALID. DO NOT ACCEPT

*Devin George*  
**DEVIN GEORGE**  
 STATE REGISTRAR

