

FILED NOV 2 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

35935

State File No. 41

BIRTH NO. _____		REG. DIST. NO. 381		PRIMARY REG. DIST. NO. 6178		Registrar's No. _____			
1. PLACE OF DEATH a. COUNTY Sullivan				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo b. COUNTY Sullivan					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Browning Rural		c. LENGTH OF STAY (in this place) Rural 1050		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Browning Rural 1050					
d. FULL NAME OF HOSPITAL OR INSTITUTION Duncan Twip				d. STREET ADDRESS (If rural, give location) Duncan Twip					
3. NAME OF DECEASED (Type or Print) a. (First) Evert			b. (Middle) Hollon			c. (Last) Hollon			
4. DATE OF DEATH (Month) (Day) (Year) 10-10-50		5. SEX male		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married			
8. DATE OF BIRTH 12-16-1890		9. AGE (In years last birthday) 59		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		11. BIRTHPLACE (State or foreign country) Iowa			
11. BIRTHPLACE (State or foreign country) Iowa		12. CITIZEN OF WHAT COUNTRY? US		13a. FATHER'S NAME John W. Hollon		13b. MOTHER'S MAIDEN NAME Florence Pipe			
13c. NAME OF HUSBAND OR WIFE Golda Hunziker		14. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		15. SOCIAL SECURITY NO. _____		16. INFORMANT'S SIGNATURE OR NAME ADDRESS Golda Hollon Browning			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis				INTERVAL BETWEEN ONSET AND DEATH Sudden	
				II. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____					
				III. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				4/20/1	
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) m.		21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?					
22. I hereby certify that I attended the deceased from October, 1948, to Oct 10, 1950, that I last saw the deceased alive on Oct 4, 1950, and that death occurred at 8:30 am., from the causes and on the date stated above.									
23a. SIGNATURE J.R. Nurbala (Degree or title) M.D.				23b. ADDRESS Browning Mo		23c. DATE SIGNED Oct. 14-50			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 10/12/50		24c. NAME OF CEMETERY OR CREMATORY Hoover		24d. LOCATION (City, town, or county) (State) Browning Mo			
DATE REC'D BY LOCAL REG. Oct. 26-1950		REGISTRAR'S SIGNATURE Mrs. H. B. Harris 320		25. FUNERAL DIRECTOR'S SIGNATURE Schloenes August Schauer		ADDRESS Milan, Mo			

(Licensed Embalmer's Statement on Reverse Side)

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

FEB 3 1961

Date Received: OCT 30 1950  
DISTRICT HEALTH OFFICE #2  
District File Number 10-50-77  
Date Filed: OCT 31 1950

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..... *Dwight Schauer*

Licensed Embalmer No. *2467*

P. O. Address *Waban, 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.