

FILED MAY 5 1951

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

4184 State File No. 12163
8 Registrar's No.

BIRTH NO. _____ REG. DIST. NO. 112 PRIMARY REG. DIST. NO. _____

1. PLACE OF DEATH a. COUNTY <u>Franklin</u>		2. USUAL RESIDENCE (Where deceased lived. - If institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Franklin</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Gerald Moore</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Gerald Mo 0360</u>	
c. LENGTH OF STAY (in this place) <u>40 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>0</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>William</u> b. (Middle) <u>F</u> c. (Last) <u>Hollman</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Apr 8 - 1951</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>June 21 - 1871</u>		9. AGE (In years last birthday) <u>79</u>		10. IF UNDER 1 YEAR Days <u>9</u> Hours <u>13</u> Min. <u>-</u>	
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>Farmer</u>		11. BIRTHPLACE (State or foreign country) <u>Mo. U.S.A</u>	
12. CITIZEN OF WHAT COUNTRY <u>U.S.A</u>					

13a. FATHER'S NAME <u>August Hollman</u>		13b. MOTHER'S MAIDEN NAME <u>Hennette Heidland</u>		14. NAME OF HUSBAND OR WIFE <u>Edw M Hollman</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, or, or unknown) (If yes, give war or dates of service) <u>None</u> <u>None</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Glady Boston Gerald 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, assthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u>			INTERVAL BETWEEN ONSET AND DEATH <u>18 hrs</u>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arterial Sclerosis</u>				
		DUE TO (c) <u>Auricular Fibrillation ass. to Old Myocarditis</u>				
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>331x</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)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		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 Jan 1946, to April 8, 1951, that I last saw the deceased alive on Apr. 8, 1951, and that death occurred at 9 P m., from the causes and on the date stated above.

23a. SIGNATURE <u>Chas. John H. New</u> (Degree or title)		23b. ADDRESS <u>Gerald</u>		23c. DATE SIGNED <u>4-70-51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>4-11-1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Presbyterian</u>	
24d. LOCATION (City, town, or county) (State) <u>Gerald Franklin Mo</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>E. J. Meyer Gerald Mo</u>			
DATE REC'D BY LOCAL REG. <u>4-11-51</u>		REGISTRAR'S SIGNATURE <u>H. L. Matthews</u>			

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

File No. _____
DISTRICT HEALTH OFFICE No. 4

MAY 9 1951

RECEIVED

MS
NOV 9
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 Harvey Kahle

Licensed Embalmer No. 4596

P. O. Address Owensville, 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.