

STANDARD CERTIFICATE OF DEATH

FILED JUN 9 1952 REG. DIST. NO. 184 PRIMARY REG. DIST. NO. 3038 Registrar's No. 178

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

1. PLACE OF DEATH a. COUNTY <u>Linn</u>		2. USUAL RESIDENCE (Where deceased lived. If disposition: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Linn</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Brookfield</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Brookfield</u> <u>0582</u>	
c. LENGTH OF STAY (in this place) <u>20 Yrs</u>		d. STREET ADDRESS (If rural, give location) <u>209 W. Blayton</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>209 W. Blayton</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>EDWARD</u> b. (Middle) <u>HOLLON</u> c. (Last) <u>HOLLON</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>May-27-1952</u>		
5. SEX <u>M</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>W</u>	
8. DATE OF BIRTH <u>Jan-8-1897</u>		9. AGE (In years last birthday) <u>55</u>		10. UNDER 1 YEAR Months <u>4</u> Days <u>19</u>	
11. BIRTHPLACE (State or foreign country) <u>Bora Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
10a. USUAL OCCUPATION (Give kind of work in the ordinary course of working life, even if retired) <u>R.R. Section Hand</u>		10b. KIND OF BUSINESS OR INDUSTRY			

13a. FATHER'S NAME <u>John Hollon</u>		13b. MOTHER'S MAIDEN NAME <u>Florence Pikes</u>		14. NAME OF HUSBAND OR WIFE <u>Bessie Hollon</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>Yes</u>		16. SOCIAL SECURITY NO. <u>487-14-4617</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Bessie Hollon</u> ADDRESS <u>Brookfield 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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u>		INTERVAL BETWEEN ONSET AND DEATH <u>18 mo.</u>	
ANTECEDENT CAUSES		DUE TO (b) <u>Unknown</u>			
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c)			
II. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death. <u>None</u>			

19a. DATE OF OPERATION <u>None</u>		19b. MAJOR FINDINGS OF OPERATION <u>4201</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>no</u>		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 Nov 1951 to May 25, 1952 that I last saw the deceased alive on May 29, 1952 and that death occurred at 3 A m., from the causes and on the date stated above.

23a. SIGNATURE <u>M. J. Salzman Doi</u> (Degree or title)		23b. ADDRESS <u>Brookfield, Mo.</u>		23c. DATE SIGNED <u>5-28-52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>5-29-52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Rose Hill Cem</u>	
24d. LOCATION (City, town, or county) (State) <u>Brookfield Mo</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Nadine Ham</u> ADDRESS <u>117-1/2 W. Blacklock Brookfield, Mo.</u>			
DATE REC'D BY LOCAL REG. <u>6-2-52</u>		REGISTRAR'S SIGNATURE <u>Nadine Ham</u>			

JUN 18 1917

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1917 JUN 18 11 11 AM

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. 2008

working under my personal supervision.

Student
Student Embalmer

Signed *J. A. Blacklock*

Licensed Embalmer No. 2246

P. O. Address *Brookfield 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.