FILED NOV 22 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 36995

BIRTH NO. _____ REG. DIST. NO. 116 PRIMARY REG. DIST. NO. 5434 Registrar's No. 177

1. PLACE OF DEATH
a. COUNTY: Franklin.
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Washington, Rural St. John's
c. LENGTH OF STAY (in this place): 83 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): R. #1 East.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri. b. COUNTY: Franklin.
c. CITY OR TOWN: Washington.
d. Is Residence within limits of a city or incorporated town? Yes [X] No [ ]
e. STREET ADDRESS (If rural, give location): R. #1 East. 0360

3. NAME OF DECEASED (Type or Print)
a. (First): Edward b. (Middle): c. (Last): Hollmann.

4. DATE OF DEATH (Month) (Day) (Year): Nov. 12th, 1954.

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Feb. 2nd, 1871.
9. AGE (In years last birthday): 83 — IF UNDER 1 YEAR: Months 9, Days 10 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farming.
10b. KIND OF BUSINESS OR INDUSTRY: Own Farm.
11. BIRTHPLACE (City and State or Foreign Country): Washington, Mo.
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Christ Hollmann.
13b. MOTHER'S MAIDEN NAME: Unknown.
14. NAME OF ~~HUSBAND OR~~ WIFE: Louisa Hollmann.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No. (If yes, give war or dates of service): None.
16. SOCIAL SECURITY NO.: None.
17. INFORMANT'S SIGNATURE OR NAME: Louisa Hollmann — ADDRESS: Washington, Mo.

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Hypostatic pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 1 wk

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Parkinsonism — 7 yrs
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: General infirmities of old age

19a. DATE OF OPERATION: none
19b. MAJOR FINDINGS OF OPERATION: none 350X
20. AUTOPSY? YES [ ] NO [X]

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 [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 20 Jan, 1952, *to* 12 Nov, 1954, *that I last saw the deceased alive on* 10 Nov, 1954, *and that death occurred at* 5:40 Pm., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): R J Bozzo MD
23b. ADDRESS: Washington Mo
23c. DATE SIGNED: 13 Nov 54

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Nov. 15th, 1954.
24c. NAME OF CEMETERY OR CREMATORY: Odd Fellows Cemetery.
24d. LOCATION (City, town, or county) (State): Washington, Mo.

DATE REC'D BY LOCAL REG.: 11/15/54
REGISTRAR'S SIGNATURE: F. C. Herdmann & L. C. Herdmann Jr. 99-0
25. FUNERAL DIRECTOR'S SIGNATURE: Nieburg & Vitt, Inc. — ADDRESS: Washington, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

MAR 26 1957

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emba

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Lester H. Ott

Licensed Embalmer No. 32

P. O. Address Washingt

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fa
to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.