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

FILED SEP 12 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 28776

BIRTH NO. _____		REG. DIST. NO. 362		PRIMARY REG. DIST. NO. 4531		Registrar's No. 43	
1. PLACE OF DEATH a. COUNTY Warren				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY Franklin			
b. CITY OR TOWN Warrenton		c. LENGTH OF STAY (in this place) 4 mo		c. CITY OR TOWN Gerald		Mo 01601	
d. FULL NAME OF HOSPITAL OR INSTITUTION Guty Jane Nursing Home				d. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print) a. (First) Ernest b. (Middle) H c. (Last) Hollmann			4. DATE OF DEATH (Month) (Day) (Year) 8 4 1955				
5. SEX Male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH SEPT-23-1874		9. AGE (In years last birthday) 80	IF UNDER 1 YEAR Months	IF UNDER 11 HRS. Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Washington Mo. Rural		12. CITIZEN OF WHAT COUNTRY? U S A	
13a. FATHER'S NAME Christ Hollmann		13b. MOTHER'S MAIDEN NAME Lesette Bartel		14. NAME OF HUSBAND OR WIFE Francis Hollmann			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No None		16. SOCIAL SECURITY NO. 200		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Francis Hollmann Gerald 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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pneumonia bilateral Hypertension ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Atherosclerotic Heart Disease DUE TO (c) Generalized Atherosclerosis II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Sensibility						INTERVAL BETWEEN ONSET AND DEATH 3 1/2
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		4200	
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 3-23, 1957, to 8-7, 1962, that I last saw the deceased alive on 8-7, 1957 and that death occurred at 11 P. M., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Harold Hochstetler M.D.				23b. ADDRESS Warrenton, Mo.		23c. DATE SIGNED 8-6-77	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 8-7-1955	24c. NAME OF CEMETERY OR CREMATORY Odd Fellows		24d. LOCATION (City, town, or county) (State) Washington Mo.		
DATE REC'D BY LOCAL REG Aug 26 1955		REGISTRAR'S SIGNATURE 42170 Floyd Logan		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Ed Meyer Gerald Mo			

(Licensed Embalmer's Statement on Reverse Side)

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

Stanley E Meyer

Licensed Embalmer No. 4639

P. O. Address Chambers 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.