

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

67 0027419

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 182

Primary Registration District No. 5683 4226

Registrar's No. 12

FILED AUG 9 1967

1. PLACE OF DEATH

a. COUNTY Linn

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN Browning

Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri COUNTY Linn

c. CITY OR TOWN Browning

Inside Limits
Yes ☐ No ☒c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION Family HomeInside Limits
Yes ☐ No ☒

d. STREET ADDRESS (If outside, give location)

Reside on Farm
Yes ☒ No ☐3. NAME OF DECEASED
(Type or print)

First Everett

Middle

Last Hollon Jr

4. DATE OF DEATH

Month 7

Day 31

Year 1967

5. SEX
M6. COLOR OR RACE
W7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐8. DATE OF BIRTH
9/27/239. AGE (last birthday)
43IF UNDER 1 YEAR
Months DaysIF UNDER 24 HR
Hours Min.10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Farmer10b. KIND OF BUSINESS OR INDUSTRY
Farm11. BIRTHPLACE (City and state or country)
Missouri12. CITIZEN OF WHAT COUNTRY
USA

13a. FATHER'S NAME

Everett Hollon

13b. MOTHER'S MAIDEN NAME

Goldie Hunsaker

14. NAME OF HUSBAND OR WIFE

Dorothy Hollon

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)
no16. SOCIAL SECURITY NO.
488-22-892417. INFORMANT
Dorothy Hollon

Address

Browning

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Malignant lymphoma

INTERVAL BETWEEN
ONSET AND DEATH

1 year

Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☐20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour Month, Day, Year
a.m. p.m.20d. INJURY OCCURRED WHILE AT WORK ☐
NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from Jan 5 1967 to 7/31/67 and last saw him alive on 7/31/67
Death occurred at 10:15 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

J. R. Martin

MD

22b. ADDRESS

Browning Mo

22c. DATE SIGNED

8-5-67

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

8/2/1967

23c. NAME OF CEMETERY OR CREMATORY

Jenkins Cem

23d. LOCATION (City, town, or county)

Browning

(State)

24. FUNERAL DIRECTOR

ADDRESS

Wade Funeral Home Browning

25. DATE RECD. BY LOCAL REG.

8-7-1967

26. REGISTRAR'S SIGNATURE

Laveria M. Mace

(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DATE AMENDED

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK
OR
TYPEWRITER RIBBONVS 300
Rev. 4/59

1 0580

2 0580

3

4 0

5 1

6

7 0

8 0

9 2001

10

11

12 900

13 1-0

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 _____
Signature of Student Embalmer

Signed

Gerald T. Wade

Licensed Embalmer No. 4173

P. O. Address

Browning

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

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