

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

67 0000809

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

77 3016 15  
FILED JAN 10 1967VS 300  
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

## 1. PLACE OF DEATH

a. COUNTY

COLE

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

JEFFERSON City

Length of stay in 1b

2 yrs

OR TOWN

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION

CAPITAL REST HOME

Inside Limits

Yes X No ☐

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

a. STATE

MISSOURI

b. COUNTY

COLE

c. CITY

OR TOWN

JEFFERSON City

Inside Limits

Yes X No ☐

d. STREET ADDRESS

(If outside, give location)

611 E. CAPITAL

Reside on Farm

Yes ☐ No X3. NAME OF DECEASED  
(Type or print)

First

Middle

Last

PATRICK Edward HOLLOWELL

4. DATE OF DEATH

Month

Day

Year

JANUARY 3 1967

## 5. SEX

MALE

## 6. COLOR OR RACE

WHITE

7. Married ☐ Never Married ☐Widowed X Divorced ☐

## 8. DATE OF BIRTH

11-11-86

## 9. AGE (last birthday)

80

## IF UNDER 1 YEAR

Months Days Hours Min.

## IF UNDER 24 HR

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

RETIRED SADDLEMAKER

## 10b. KIND OF BUSINESS OR INDUSTRY

SADDLES

## 11. BIRTHPLACE (City and state or country)

CHICAGO, ILLINOIS

## 12. CITIZEN OF WHAT COUNTRY

U.S.A

## 13a. FATHER'S NAME

SILAS HOLLOWELL

## 13b. MOTHER'S MAIDEN NAME

PHOEBE HOLLOWELL

## 14. NAME OF HUSBAND OR WIFE

JENNIE HOLLOWELL (DEE)

## 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.

195-05-9061

## 17. INFORMANT

Bess Millet

Address

3321 AVE. G

Felt Worth Texas

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

## PART I. DEATH WAS CAUSED BY:

## IMMEDIATE CAUSE (a)

Bronchial Pneumonia

## DUE TO (b)

Senility

## 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 X

## 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 a.m. p.m.

## Month, Day, Year

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 12-26-66 to 1-3-67 and last saw her alive on 1-3-67  
Death occurred at 12:30 P.m. on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

(Degree or title)

Leo M. Baker, D.O.

## 22b. ADDRESS

Jefferson City, Mo.

## 22c. DATE SIGNED

1-6-67

## 23a. BURIAL, CREMATION, REMOVAL (Specify)

BURIAL

## 23b. DATE

1-5-67

## 23c. NAME OF CEMETERY OR CREMATORY

MASONIC CEMETERY

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

CALIFORNIA MISSOURI

## (State)

## 24. FUNERAL DIRECTOR

## ADDRESS

WILLIAMS FUNERAL Home Calif, Mo. 1-7-67

## 25. DATE RECD. BY LOCAL REG.

1-7-67

## 26. REGISTRAR'S SIGNATURE

Norm Miller

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

JAN 13 1967

JAN 13 1967

**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 Hugh E Williams

Licensed Embalmer No. 3537

P. O. Address California 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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