

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

38251

State File No.

FILED DEC 12 1949

BIRTH NO. _____ REG. DIST. NO. 275 PRIMARY REG. DIST. NO. 3053 Registrar's No. 157

1. PLACE OF DEATH a. COUNTY <u>Phelps</u>			2. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Gasconade</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rolla Mo.</u>		c. LENGTH OF STAY (in this place) <u>6-20-48-11-29-49</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Gasconade</u>		37
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>McFarland N. Home</u>			d. STREET ADDRESS (If rural, give location) <u>Highway 66 at Pine</u>		

3. NAME OF DECEASED (Type or Print) a. (First) <u>John</u> b. (Middle) <u>Drollinger</u> c. (Last) <u>Drollinger</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>11-29-1949</u>			
5. SEX <u>M</u>	6. COLOR OR RACE <u>Wh.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>July 29 1867</u>	9. AGE (In years last birthday) <u>82</u>	IF UNDER 1 YEAR Months Days	IF UNDER 2 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Bluffton Mo. 0</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	

13a. FATHER'S NAME <u>Nichol Drollinger</u>		13b. MOTHER'S MAIDEN NAME <u>Elizabeth Boser</u>		14. NAME OF HUSBAND OR WIFE <u>Cona Letha Drollinger</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No.</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>✓</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Wm Drollinger - Rolla Mo</u>		

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))	MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u>				
	ANTECEDENT CAUSES				
	*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.				
	Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				
	DUE TO (b) <u>Old age</u>				
	DUE TO (c)				
	II. OTHER SIGNIFICANT CONDITIONS				
	Conditions contributing to the death but not related to the disease or condition causing death.				<u>331X</u>
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

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 6-20, 1948, to 11-29, 1949, that I last saw the deceased alive on 11-28, 1949, and that death occurred at 2:15 A. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>William McFarland MD</u>		23b. ADDRESS <u>Rolla Mo</u>		23c. DATE SIGNED <u>11-30-49</u>	
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24a. BURIAL, CREMATION, OR REMOVAL (Specify)	24b. DATE <u>12-1-49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Bonnie's Tomb</u>	24d. LOCATION (City, town, or county) (State) <u>Gasconade Mo</u>		
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DATE REC'D BY LOCAL REG. <u>12-1-49</u>	REGISTRAR'S SIGNATURE <u>Nadine L. Stoll</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Wm Baker</u>	ADDRESS <u>Amherst Mo</u>		
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

8/1
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RECEIVED

Phelps County Health Officer,

County File Number _____

Date Filed 12-6-49

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. ~~3375~~

working under my personal supervision.

Signed D B Baber

Signed _____
Student Embalmer

Licensed Embalmer No. 3375

P. O. Address Amurley 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.