

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **41560**

FILED JAN 13 1950

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BIRTH NO. _____ REG. DIST. NO. 172 PRIMARY REG. DIST. NO. 5640 Registrar's No. 1

1. PLACE OF DEATH a. COUNTY <u>Lafayette</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Lafayette</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Higginsville, Davis</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Higginsville,</u>	
c. LENGTH OF STAY (in this place) <u>45 years</u>		d. STREET ADDRESS (If rural, give location) <u>South Higginsville</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>1</u>			
3. NAME OF DECEASED (Type or Print)	a. (First) <u>Louis</u>	b. (Middle) <u>Carl</u>	c. (Last) <u>Bollmeyer</u>
4. DATE OF DEATH	(Month) <u>Dec</u>	(Day) <u>31</u>	(Year) <u>1949</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Feb. 18th 1865</u>
9. AGE (In years last birthday) <u>84</u>	IF UNDER 1 YEAR (Months) <u>10</u>	IF UNDER 1 YEAR (Days) <u>13</u>	IF UNDER 1 YEAR (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>Germany</u>	12. CITIZEN OF WHAT COUNTRY? <u>U S A</u>
13a. FATHER'S NAME <u>Louis C. Bollmeyer</u>	13b. MOTHER'S MAIDEN NAME <u>Mary Brinkmeyer</u>	14. NAME OF HUSBAND OR WIFE <u>Anna K. Bollmeyer</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME <u>Edward Bollmeyer</u> ADDRESS <u>Higginsville, Mo.</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arteriosclerotic Cardiovascular Disease</u>		INTERVAL BETWEEN ONSET AND DEATH <u>Unknown</u>	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES	
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) _____	
DUE TO (c) _____			
II. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____	
20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) _____	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 <u>Dec 27, 1949</u> , to <u>Dec 31, 1949</u> , that I last saw the deceased alive on <u>Dec 31, 1949</u> , and that death occurred at <u>10 Noon</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>J. E. Bungamer M.D.</u> (Degree or title)		23b. ADDRESS <u>Higginsville, Mo</u>	23c. DATE SIGNED <u>1-3-50</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Jan 2 1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Higginsville City Cem</u>	24d. LOCATION (City, town, or county) (State) <u>Higginsville, Mo.</u>
DATE REC'D BY LOCAL REG. <u>Jan 5-1950</u>	REGISTRAR'S SIGNATURE <u>Clayton H. Landrum</u> <u>154</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>W. S. Schuler</u> ADDRESS <u>Higginsville, Mo.</u>	

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

1-10-50

RECEIVED JAN 10

District Health Officer No. 8

District File Number

Date Filed 1-12-50

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.

Signed Ernest R. [Signature]

Signed Student Embalmer

Licensed Embalmer No. 14284

P. O. Address Nipponville Tex

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.