

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

5612

State File No.

FILED MAR 6 1952

BIRTH NO. _____ REG. DIST. NO. 383 PRIMARY REG. DIST. NO. 5655 Registrar's No. 26

1. PLACE OF DEATH
a. COUNTY Lawrence

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri b. COUNTY Jefferson

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Mt. Vernon c. LENGTH OF STAY (in this place) 86 days

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kimmswick d. STREET ADDRESS (If rural, give location) Route 2

3. NAME OF DECEASED (Type or Print) a. (First) William b. (Middle) Frank c. (Last) Bollefer 4. DATE OF DEATH (Month) (Day) (Year) March 4, 1952

5. SEX Male 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 8. DATE OF BIRTH 11-26-89 9. AGE (In years last birthday) 62 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Unknown 10b. KIND OF BUSINESS OR INDUSTRY Unknown 11. BIRTHPLACE (State or foreign country) Missouri 12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Fred Bollefer 13b. MOTHER'S MAIDEN NAME Unknown 14. NAME OF HUSBAND OR WIFE Alice Bollefer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Unknown 16. SOCIAL SECURITY NO. Unknown 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Ruby Wilson Peck, Mt. Vernon, 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, asthenia, etc. It means the disease, injury, or complication which caused death. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary Tuberculosis INTERVAL BETWEEN ONSET AND DEATH abt. 3 mo. 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 NO

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) 002X

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12-8-, 1951, to 3-4-, 1952, that I last saw the deceased alive on 3-4-, 1952, and that death occurred at 12:10a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) [Signature] 23b. ADDRESS Mt. Vernon, Mo. 23c. DATE SIGNED 3-4-52

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal 24b. DATE 3-4-52 24c. NAME OF CEMETERY OR CREMATORY Antonia, Mo. 24d. LOCATION (City, town, or county) (State)

DATE REC'D BY LOCAL REG. 3-4-52 REGISTRAR'S SIGNATURE Cecil Hendricks 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS George B Orr 704 1/2 Hwy 20

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

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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.....

Geo. B. Orr

Licensed Embalmer No. *446*

P. O. Address *Mr. Perry*

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.