S. No. 500 FILED DEC 12 1952

V. 10-48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

39425

State File No. .....

BIRTH NO. 124 REG. DIST. NO. 206 PRIMARY REG. DIST. NO. 3042 Registrar's No. 65

6621

1. PLACE OF DEATH
a. COUNTY: MADISON
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): FREDERICKTOWN
c. LENGTH OF STAY (in this place): 28 YRS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 304 W. COLLEGE

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: MADISON
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): FREDERICKTOWN 6621
d. STREET ADDRESS (If rural, give location): 304 W. COLLEGE

3. NAME OF DECEASED (Type or Print)
a. (First): HENRY
b. (Middle): —
c. (Last): DOLLINGER

4. DATE OF DEATH (Month) (Day) (Year): DEC. 8, 1952

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. MARRIED, ~~NEVER MARRIED, WIDOWED, DIVORCED~~ (Specify): MARRIED 1
8. DATE OF BIRTH: JULY 13, 1875
9. AGE (In years last birthday): 77 — IF UNDER 1 YEAR: Months 4, Days 25 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): CARPENTER - RETIRED
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): MADISON CO. MISSOURI
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: PETER DOLLINGER
13b. MOTHER'S MAIDEN NAME: THERESA SPORA
14. NAME OF ~~HUSBAND OR~~ WIFE: MARGARET ELIZABETH DOLLINGER

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): NO
16. SOCIAL SECURITY NO.: NONE
17. INFORMANT'S SIGNATURE OR NAME ADDRESS: HILDA DOLLINGER - FREDERICKTOWN, 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): Cerebral Haemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 30 hours

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Hypertension with — 6 yrs
DUE TO (c): Cerebral Haemorrhage — 6 yrs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
ago Hemiplegia since

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: 352 X
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)
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* July 25, 1946 1946, *to* Dec 8, 1952, *that I last saw the deceased alive on* Dec 7, 1952, *and that death occurred at* 7:30 A.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): S C Slaughter M.D.
23b. ADDRESS: Fredericktown Mo.
23c. DATE SIGNED: Dec 8 '52

24a. BURIAL, ~~CREMATION, REMOVAL~~ (Specify): BURIAL
24b. DATE: DEC. 10, 1952
24c. NAME OF CEMETERY ~~OR CREMATORY~~: CALVARY CEMETERY
24d. LOCATION (City, town, or county) (State): MADISON CO. MISSOURI

DATE REC'D BY LOCAL REG.: 12-9-1952
REGISTRAR'S SIGNATURE: Florence Hicks 9/87-G
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: ADAMSON-WEBB L. V. Adamson - FREDERICKTOWN, MO.

(Licensed Embalmer's Statement on Reverse Side)

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

... DEPT
FREDERICKTOWN, MO.
RECEIVED
DEC 11 1952
RECEIVED

FILE No. 1252-65

JAN 13 1953

DEC 31 1952

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 William Adamson

Licensed Embalmer No. 4351

P. O. Address FREDERICKTOWN, 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.