THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

11030

State File No.

FILED MAR 19 1954

BIRTH NO. REG. DIST. NO. 370 PRIMARY REG. DIST. NO. 6258 Registrar's No.

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

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Missouri
b. COUNTY: Wayne
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Silva 1110
d. STREET ADDRESS (If rural, give location): 0

3. NAME OF DECEASED (Type or Print)
a. (First): Nathaniel
b. (Middle): Garland
c. (Last): Bollinger

4. DATE OF DEATH (Month) (Day) (Year): Jan. 10, 1954

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: July 31, 1938
9. AGE (In years last birthday): 15 — 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): Student
10b. KIND OF BUSINESS OR INDUSTRY: Student
11. BIRTHPLACE (City and State or Foreign Country): Silva, Mo.
12. CITIZEN OF WHAT COUNTRY?: U.S.A.
13a. FATHER'S NAME: Garland Bollinger
13b. MOTHER'S MAIDEN NAME: Abbie Warrick
14. NAME OF HUSBAND OR WIFE:
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S SIGNATURE OR NAME: Garland Bollinger — **ADDRESS**: Silva, Mo.

18. CAUSE OF DEATH — MEDICAL CERTIFICATION

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.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Lung Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 1 Hour

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*

DUE TO (b): Gun Shot Wound

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*: E9191 19

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Farm
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Silva Wayne Mo
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Jan 10 54 10 A.M.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR?: Hunting accident

22. *I hereby certify that I attended the deceased from _____, 19___, to _____, 19___, that I last saw the deceased alive on _____, 19___, and that death occurred at 1:30 p.m., from the causes and on the date stated above.*

23a. SIGNATURE: Marvin E. Bowles — (Degree or title): Coroner
23b. ADDRESS: Redmond Mo
23c. DATE SIGNED: Jan 12/54

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Jan. 12, 54
24c. NAME OF CEMETERY OR CREMATORY: Bounds Creek
24d. LOCATION (City, town, or county) (State): Near Silva, Mo.

DATE REC'D BY LOCAL REG.: Mar. 16, 1954
REGISTRAR'S SIGNATURE: Gretta Ward 495 1
25. FUNERAL DIRECTOR'S SIGNATURE: Gish Funeral Home, Marvin E. Bowles — **ADDRESS**: Greenville, Mo.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
MAR 17 1954
WAYNE CO. HEALTH CENTER
FILE No. 354-12

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 ..... Me ....., Student Embalmer No. .....
working under my personal supervision.

Student .....
Student Embalmer

Signed Marvin E. Bowler

Licensed Embalmer No. [illegible]

P. O. Address [illegible]

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to compl the above constitutes grounds for revocation of license.)

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