

FILED JUN 16 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **17895**

0090
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

| | | | | | | | | | |
|---|--|---|---|---|---|--|-----------------------------|---|--|
| BIRTH NO. _____ | | REG. DIST. NO. <u>32</u> | | PRIMARY REG. DIST. NO. <u>5114</u> | | Registrar's No. <u>41</u> | | | |
| 1. PLACE OF DEATH a. COUNTY <u>BOLLINGER</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>BOLLINGER</u> | | | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>STURDIVANT</u> | | c. LENGTH OF STAY (in this place) <u>32 yrs</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>STURDIVANT 0090</u> | | d. STREET ADDRESS (If rural, give location) <u>0</u> | | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION | | | | d. STREET ADDRESS (If rural, give location) | | | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>ALICE</u> b. (Middle) <u>GENETTA</u> c. (Last) <u>BOLLINGER</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>JUNE 10 1954</u> | | | | | | |
| 5. SEX <u>F</u> | | 6. COLOR OR RACE <u>W.</u> | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED <u>Widowed</u> | | 8. DATE OF BIRTH <u>Dec. 23, 1870</u> | | | |
| 9. AGE (In years last birthday) <u>83</u> | | 10. MONTHS <u>5</u> | | 11. DAYS <u>18</u> | | 12. IF UNDER 1 YEAR Hours <u>18</u> Min. | | | |
| 10a. USUAL OCCUPATION (Give kind of work done during part of working life, even if retired) <u>Mauf</u> | | | 10b. KIND OF BUSINESS OR INDUSTRY | | | 11. BIRTHPLACE (State or foreign country) <u>INDIANA</u> | | | |
| 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | | | 13a. FATHER'S NAME <u>LABON GREEN</u> | | 13b. MOTHER'S MAIDEN NAME <u>STAFFORD</u> | | 14. NAME OF HUSBAND OR WIFE | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>✓</u> (If yes, give war or dates of service) | | 16. SOCIAL SECURITY NO. <u>None</u> | | 17. INFORMANT'S SIGNATURE OR NAME <u>Alice Bollinger</u> | | | | ADDRESS | |
| 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) <u>Hydrostatic Pneumonia</u> INTERVAL BETWEEN ONSET AND DEATH <u>36 Hrs</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertension & Myocarditis</u> DUE TO (c) <u>Senility & Cerebral Hemorrhage</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or conditions causing death. | | | | | | | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION <u>443x</u> | | | | | | 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) (Min.) | | 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>March</u> , 195 <u>2</u> , to <u>10 June</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>10 June</u> , 19 <u>54</u> , and that death occurred at <u>0:50 A.M.</u> , from the causes and on the date stated above. | | | | | | | | | |
| 23a. SIGNATURE <u>Dr. J. Merrill</u> | | | | 23b. ADDRESS <u>Advance, Mo.</u> | | 23c. DATE SIGNED <u>12 June 54</u> | | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>JUNE 13, 1954</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>BAKER CEMETARY</u> | | 24d. LOCATION (City, town, or county) (State) <u>LUTESVILLE MO</u> | | | |
| DATE REC'D BY LOCAL REG. <u>June 14 54</u> | | REGISTRAR'S SIGNATURE <u>25-0</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Baker Funeral Home</u> | | ADDRESS <u>Lutesville Mo.</u> | | | |

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.....

A. J. Baker

Licensed Embalmer No. *8673*

P. O. Address *Intersuit 6th*

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.