	LILLUNOV 24 1		OF HEALTH OF MISSOU		36504			
No.300		STANDARD CERTIFICATE OF DEATH State File No						
10.40	BIRTH NO	REG. DIST. NO. <u>3</u>	2 PRIMARY REG. DIST.	NO 4/04/2 Regis	erer's No. Lala			
A ^O	I. PLACE OF DEATH			ENCE (Where deceased II				
00 1	a. COUNTY BOLL	INGER		OUT! b. COL	BOLLINGER			
7	b. CITY (If outside corporate lim OR TOWN U +e	SVILLE STAY	GTH OF c. CITY (If outside sorp OR TOWN 500)	orata limito, write RURAL a 205 – RUVAL	- Scopus Two			
RECORD	d. FULL NAME OF (If not in be HOSPITAL OR INSTITUTION DOWN	nepital or institution, give street address of NUYSING HO	d. STREET ADDRESS	(If rural, give location)	20900			
	3. NAME OF a. (First DECEASED / /		c. (Last)	4. DATE OF	(Month) (Day) (Year)			
Ę	(Type or Print)	thrun	DOLLINGE	DEATH	11 - 5-1954			
LNE	5. SEX 6. COLOR C	7. MARRIED, NEVER MA WIDOWED, DIVORCED MAY 18	RRIED. / 8. DATE OF BIRTH	895 last birthday)	Months Days Hours Min.			
Permanent	10a. USUAL OCCUPATION (Give his done during most of working IIIa, even	ind of work 10b. KIND OF BUSINES	DUSTRY 11. BIRTHPLACE (Cit	y and State or Foreign Con	12. CITIZEN OF WHAT COUNTRY!			
	HOUSE WIFE		S MAIDEN NAME	14. NAME OF HUSBAN				
₹	Ebb Dewit		E. BAYKEY	AVERY E.	BOLLINGER			
MAKE	15. WAS DECEASED EVER IN U.S (Yee, no, or unknown) (If yee, give w		ECURITY 17. INFORMANT'	S SIGNATURE OR A	ADDRESS			
X	NO N	0 2498-24	0268 Mady	Dollinge	- Copus mo			
	IR CAUSE OF DEATH MEDICAL OERTIFICATION							
INK	Enter only one on use per I. DISE. line for (a), (b), and (c)	ASE OR CONDITION TLY LEADING TO DEATH*(a)	she bens	mentale	<u>~~~</u>			
1	ANTEC	EDENT CAUSES		l'- (1)	-			
BLACK			Lanua a	end fair	un			
1	as heart failure, asthenia, rise to	conditions, if any, giving DUE TO () he above cause (a) stating criying cause last.	211 0 -1	11	_ /			
	de. It means the dis-	DUE TO (Metatie	a to he	er K			
UNFADING	tion which caused death. II. OTHER SIGNIFICANT CONDITIONS.							
120	Conditions contributing to the death but not related to the disease or condition causing death							
FA.	19a, DATE OF OPERA- 1 19b, M/	UOR FINDINGS OF OPERATION			20. AUTOPSY?			
	TION	·		17	ツ ス yzs □ no □			
PLAINLY—USING U	Zia. ACCIDENT (Specify) SUICIDE HOMICIDE	21b. PLACE OF INJURY (e.g. beens, farm, factory, street, offic	th or about 21c. (CITY, TOWN, OR bldgess.)	TOWNSHIP) (C	OUNTY) (STATE)			
SI	21d. TIME (Menth) (Day)	(Year) (Hear) 21e. INJURY OC	CURRED 21f. HOW DID INJURY	OCCUR?	· · · · · · · · · · · · · · · · · · ·			
. P	OF INJURY	WHILEAT NOT	WHILE		•			
Ė	m I baraha amida shad I a	tion ded the deserred from	0/1/, 1844, 10	1/5-1054	that I last saw the deceased			
Z I	22. I hereby certify that I attended the deceased from 10/7, 1847, to 1952, that I tast saw the deceased alive on 1/5, and that death occurred at 1:30 pm., from the causes and on the date stated above.							
Š	ZIL SIGNATURE		ormio 236. MODRESS	40	23c. DATE SIGNED			
	toleut,	Myres &	100 pules	rle M	x 11/6/59			
WRITE	ZAA. BURIAL, CREMA PAID. TICN, REMOVAL (Bands)	DATE 24c. NAME OF COOK		24d. LOCATION (OILY, 60 SCOPUS	wn, or county) (State)			
≱ :		STRAR'S SIGNATURE	25-1 25 FUNERAL DIREC		ADDRESS			
	The 16-2 718	iller Carlent	wigh Gene 711	and Keete	well mo			
	V	(Licensed E	ibalmer's Statement on Reverse Sid	0.,				
					-			

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded	on the reverse	side of this certific	cate was embalme	ed by me, or by
corking under my personal supervision.	***************************************	Stu	dent Embalmer	

king under my persona: supervision.

P. O. Address Con Van Kon

Note: The above MUST BE SIGNED BY. THE LICENSED EMBALMER in his OWN HAND FRITING. the above constitutes grounds for revocation of license.)

Student Embalmer

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