

FILED FEB 21 1955

STANDARD CERTIFICATE OF DEATH

State File No.

38926

BIRTH NO.		REG. DIST. NO. <u>32</u>		PRIMARY REG. DIST. NO. <u>5712</u>		Registrar's No. <u>6</u>	
1. PLACE OF DEATH a. COUNTY <u>BOLLINGER</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) b. COUNTY <u>Bollinger</u>			
b. CITY (If outside corporate limits, write RURAL and give town) <u>Rural Lorange,</u>		c. LENGTH OF STAY (In this place) <u>50 years</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Marble Hill,</u>		0090	
d. FULL NAME OF (If not in hospital or institution, give street address or location) <u>Marble Hill, Mo.</u>				d. STREET ADDRESS (If rural, give location) <u>Marble Hill, Mo.</u>			
3. NAME OF DECEASED (Type or Print) <u>Burns</u>		a. (First)		b. (Middle)		c. (Last) <u>Bollinger</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>1-25-55</u>		5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) <u>Divorced</u>	
8. DATE OF BIRTH <u>2-19-1903</u>		9. AGE (In years last birthday) <u>51</u>		10. IF UNDER 1 YEAR Months <u>11</u> Days <u>5</u>		11. IF UNDER 1 HRS. Hours <u>5</u> Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Labor & Foundry</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Worker,</u>		11. BIRTHPLACE (State or foreign country) <u>Marble Hill, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Henry Bollinger,</u>		13b. MOTHER'S MAIDEN NAME <u>Sannatha Harris,</u>		14. NAME OF HUSBAND OR WIFE <u>Marble Hill</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No.</u>		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs Homer Hurst, Sister, Marble Hill</u>			
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerotic cardiovascular disease</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>Two months</u> <u>years</u>	
19a. DATE OF OPERATION <u>None</u>		19b. MAJOR FINDINGS OF OPERATION <u>4201</u>				20. AUTOPSY? YES ☐ NO ☒	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>None</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Marble Hill, Mo.</u>		21d. HOW DID INJURY OCCUR?	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐					
22. I hereby certify that I attended the deceased from <u>Sept 8</u> , 19 <u>51</u> , to <u>Jan 25</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>Jan 8</u> , 19 <u>55</u> , and that death occurred at <u>8:20 a.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Evelyn L. Price</u>		(Degree or title) <u>D.O.</u>		23b. ADDRESS <u>Luttrell, Mo.</u>		23c. DATE SIGNED <u>2-2-55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>1-27-55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Hahn Chapel Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Marble Hill, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>Feb. 2 1955</u>		REGISTRAR'S SIGNATURE <u>Kellie Van Amburgh</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Coy Shetley</u>		ADDRESS <u>Bell City, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

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

Charles E. Mungle

Licensed Embalmer No. *4877*

P. O. Address *Cape Girardeau, 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.