

FILED JUL 18 1955

STANDARD CERTIFICATE OF DEATH

State File No. **23267**

BIRTH NO. _____ REG. DIST. NO. **294** PRIMARY REG. DIST. NO. **2056** Registrar's No. **167**

1. PLACE OF DEATH a. COUNTY Randolph		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Randolph	
b. CITY (If outside corporate limits, write RURAL and give township) Moberly		c. LENGTH OF STAY (In this place)	c. CITY OR TOWN Rural
d. FULL NAME OF HOSPITAL OR INSTITUTION Woodland Hospital		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
STREET ADDRESS (If rural, give location) Union Twp		0889	

3. NAME OF DECEASED (Type or Print) a. (First) Otto b. (Middle) W c. (Last) Bollman	4. DATE OF DEATH (Month) (Day) (Year) July 5th 1955
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Apr 16th 1877	9. AGE (In years last birthday) 78	10. UNDER 1 YEAR Months 2 Days 29	11. IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) Mo	12. CITIZEN OF WHAT COUNTRY?
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13a. FATHER'S NAME John Bollman	13b. MOTHER'S MAIDEN NAME Caroline Prasse	14. NAME OF HUSBAND OR WIFE Seclona
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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.	17. INFORMANT'S SIGNATURE OR NAME Mrs. O.W. Bollman	ADDRESS Rt 3 Moberly, Mo
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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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Metastatic adenocarcinoma		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) to the liver		6 mo.
DUE TO (c) Primary probably Gall Bladder w/ Bill 12 to 8 mo.			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 155X	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from June 7, 1955, to July 5, 1955, that I last saw the deceased alive on July 5, 1955 and that death occurred at 12:30 Pm., from the causes and on the date stated above.

23a. SIGNATURE William H. ...	(Degree or title) MD	23b. ADDRESS 2056 ...	23c. DATE SIGNED July 7 '55
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 7-7-1955	24c. NAME OF CEMETERY OR CREMATORY Oakland	24d. LOCATION (City, town, or county) (State) Moberly, Mo
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DATE REC'D BY LOCAL REG. 7-7-55	REGISTRAR'S SIGNATURE Leah ...	25. FUNERAL DIRECTOR'S SIGNATURE W. Mahan and Son	ADDRESS Moberly, Mo
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(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.....
Signature of Student Embalmer

Signed *Frank D. DeWitt*

Licensed Embalmer No. *302*

P. O. Address *Proberly, N.Y.*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.