

FILED OCT 5 - 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

28939

State File No. 78

BIRTH NO. _____		REG. DIST. NO. <u>32</u>		PRIMARY REG. DIST. NO. <u>5115</u>		Registrar's No. <u>78</u>	
1. PLACE OF DEATH a. COUNTY <u>Bollinger</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Bollinger</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Sedgewickville</u>				c. CITY (If outside corporate limits, write RURAL and give township) <u>Sedgewickville</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>No Street Address</u>				d. STREET ADDRESS (If rural, give location) <u>No Street Address</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>GEORGE</u> b. (Middle) <u>WASHINGTON</u> c. (Last) <u>BOLLINGER</u>				4. DATE OF DEATH (Month) (Day) (Year) <u>Sept 26 1955</u>			
5. SEX <u>M</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Feb 4, 1872</u>	
9. AGE (In years last birthday) <u>83</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Daniel Bollinger</u>		13b. MOTHER'S MAIDEN NAME <u>Statler</u>		14. NAME OF HUSBAND OR WIFE <u>Cathrine Bollinger</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Ruby Marshall Sedgewickville Mo.</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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hypertension, myocarditis</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <u>Paralysis of right & left side</u> DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>443X</u>				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) m.		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>Jan 12, 1953</u> , to <u>Sept 26, 1955</u> , that I last saw the deceased alive on <u>Sept 25, 1955</u> , and that death occurred at <u>11:45</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>E. L. Crites M.D.</u>				23b. ADDRESS <u>Sedgewickville Mo.</u>		23c. DATE SIGNED <u>9/27/55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Sept 28, 1955</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Sedgewickville</u>		24d. LOCATION (City, town, or county) (State) <u>Sedgewickville Mo.</u>	
DATE REC'D BY LOCAL REG. <u>Sept 30 1955</u>		REGISTRAR'S SIGNATURE <u>Willie VanCough</u>		FEDERAL DIRECTOR'S SIGNATURE <u>W. C. Jackson</u>		ADDRESS <u>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

B. A. Meyer

Licensed Embalmer No.

3051

P. O. Address

Johnsonville

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.