

FILED DEC 30 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **40074**

BIRTH NO. _____ REG. DIST. NO. **93** PRIMARY REG. DIST. NO. **5343** Registrar's No. **55-100**

1. PLACE OF DEATH
a. COUNTY **Dade**

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **Rural North twp.** c. LENGTH OF STAY (In this place) **11 years**

d. FULL NAME OF HOSPITAL OR INSTITUTION **8mi. N. of Greenfield**

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE **Missouri** b. COUNTY **Dade**

c. CITY OR TOWN **Greenfield** d. Is Residence within limits of a city or incorporated town? Yes No

e. STREET ADDRESS (If rural, give location) **8mi. N. of Greenfield**

3. NAME OF DECEASED (Type or Print)
a. (First) **John** b. (Middle) **Junior** c. (Last) **Lollar**

4. DATE OF DEATH (Month) (Day) (Year) **Dec. 21, 1955**

5. SEX **Male** 6. COLOR OR RACE **White** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **Married** 8. DATE OF BIRTH **Apr. 4, 1914** 9. AGE (In years last birthday) **41** IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 1 HRS. Hours _____ Min. _____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Farmer** 10b. KIND OF BUSINESS OR INDUSTRY **Farm** 11. BIRTHPLACE (City and State or Foreign Country) **Dade County, Mo.** 12. CITIZEN OF WHAT COUNTRY? **U. S. A.**

13a. FATHER'S NAME **John Henry Lollar** 13b. MOTHER'S MAIDEN NAME **Alice Mae Divine** 14. NAME OF HUSBAND OR WIFE **Della Marie Lollar**

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. **487-30-9678** 17. INFORMANT'S SIGNATURE OR NAME ADDRESS **Mrs. Marie Lollar; Star Rt., Greenfield, Mo.**

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Coronary Thrombosis** MEDICAL CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES DUE TO (b) _____

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) _____

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. **A201**

19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION _____ 20. AUTOPSY? YES NO

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) _____ 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from **12-18, 1955** to **12-21, 1955**, that I last saw the deceased alive on **12-18, 1955**, and that death occurred at **6:30 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) **W. O. Corvan M.D.** 23b. ADDRESS **Greenfield, Mo.** 23c. DATE SIGNED **12/24/55**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 24b. DATE **12-24-1955** 24c. NAME OF CEMETERY OR CREMATORY **Greenfield Cem.** 24d. LOCATION (City, town, or county) (State) **Greenfield, Mo.**

DATE REC'D BY LOCAL REG. **12-24-55** REGISTRAR'S SIGNATURE **J. C. Canada 478** 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS **J. C. Canada, Greenfield, Mo.**

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

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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.....
J. C. Canada
Licensed Embalmer No. 419

P. O. Address *Greenfield*

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.