

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

12325

State File No.

BIRTH NO. _____		REG. DIST. NO. <u>32</u>		PRIMARY REG. DIST. NO. <u>4042</u>		Registrar's No. <u>36</u>											
1. PLACE OF DEATH a. COUNTY <u>Bollinger</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Bollinger</u>													
b. CITY (if outside corporate limits, write RURAL and give township) OR TOWN <u>Lutesville</u>		c. LENGTH OF STAY (In this place) <u>Lifetime</u>		c. CITY OR TOWN <u>Lutesville</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>											
d. FULL NAME OF HOSPITAL OR INSTITUTION _____				e. STREET ADDRESS (If rural, give location) <u>0090</u>													
3. NAME OF DECEASED (Type or Print)			a. (First) <u>JOHN</u>			b. (Middle) <u>WILLIAM</u>			c. (Last) <u>BOLLINGER</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>APRIL 12 1956</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>JULY 26, 1877</u>		9. AGE (In years last birthday) <u>78</u>		IF UNDER 1 YEAR Months <u>9</u> Days <u>17</u>		IF UNDER 24 HRS. Hours _____ Min. _____					
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>maintaining of school</u>				10b. KIND OF BUSINESS OR INDUSTRY _____				11. BIRTHPLACE (City and State or Foreign Country) <u>Sedgewickville Mo</u>				12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>					
13a. FATHER'S NAME <u>Andrew Bollinger</u>				13b. MOTHER'S MAIDEN NAME <u>Martha Lett</u>				14. NAME OF HUSBAND OR WIFE <u>Minnie Bollinger</u>									
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>				16. SOCIAL SECURITY NO. <u>✓</u>				17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Truman Mayfield, Pekin, Ill.</u>				ADDRESS _____					
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, asthenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myo-Carditis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Atherosclerosis</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 _____					
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) <u>4221</u>									
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____				21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>				21f. HOW DID INJURY OCCUR? _____									
22. I hereby certify that I attended the deceased from <u>Apr 1st</u> , 19 <u>56</u> , to <u>Apr 12th</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>April 12th</u> , 19 <u>56</u> , and that death occurred at <u>4 P. m.</u> , from the causes and on the date stated above.																	
23a. SIGNATURE <u>Edw. Crites M.D.</u>						23b. ADDRESS <u>Sedgewickville Mo</u>						23c. DATE SIGNED <u>4/16/56</u>					
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>				24b. DATE <u>April 14, 1956</u>				24c. NAME OF CEMETERY OR CREMATORY <u>Baker Cemetery</u>				24d. LOCATION (City, town, or county) (State) <u>Lutesville Mo.</u>					
DATE REC'D BY LOCAL REG. <u>4-19-56</u>				REGISTRAR'S SIGNATURE <u>Mrs. Buford Crader</u>				25. FUNERAL DIRECTOR'S SIGNATURE <u>Baker Funeral Home</u>				ADDRESS <u>Lutesville, Mo.</u>					

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. E. Graham*

Licensed Embalmer No. *401*.....

P. O. Address *Lutesville*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.