

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

15259

State File No.

FILED APR 30 1956

BIRTH NO. _____ REG. DIST. NO. 338 PRIMARY REG. DIST. NO. 4501 Registrar's No. 22

1. PLACE OF DEATH a. COUNTY <u>Stoddard</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Stoddard</u>	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>Bloomfield</u>)		c. CITY OR TOWN <u>Bloomfield</u>	
c. LENGTH OF STAY (in this place)		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		STREET ADDRESS (If rural, give location) <u>1030</u>	

3. NAME OF DECEASED a. (First) <u>Albert</u> b. (Middle) <u>L.</u> c. (Last) <u>BOLLINGER</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>April 18, 1956</u>		
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	
8. DATE OF BIRTH <u>July 30, 1893</u>		9. AGE (In years last birthday) <u>62</u>		IF UNDER 1 YEAR Months <u>8</u> Days <u>20</u> Hours <u>-</u> Min. <u>-</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Ret. FARMER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>FARMING</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>ADVANCE, MISSOURI</u>	
13a. FATHER'S NAME <u>D. C. BOLLINGER</u>		13b. MOTHER'S MAIDEN NAME <u>Tommy Patton</u>		14. NAME OF HUSBAND OR WIFE <u>Lottie Bollinger</u>	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>YES</u> (If yes, give war or dates of service) <u>WWI</u>		16. SOCIAL SECURITY NO. <u>487-28-14720</u> <u>486-34-1392</u>		17. INFORMANT'S SIGNATURE OR NAME - ADDRESS <u>Lottie Jenkins Bollinger Advance</u>	
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Exact cause of death unknown.</u> <u>Probably due to congestive heart failure.</u>		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <u>failure.</u>			
		DUE TO (c)			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<u>Acute alcoholism.</u>			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>3220</u>		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)		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 -----, 19____, to -----, 19____, that I last saw the deceased alive on -----, 19____, and that death occurred at 10:00 P. from the causes and on the date stated above.

23a. SIGNATURE <u>Ray W. Priney</u> Coroner		23b. ADDRESS <u>Dexter, Missouri</u>		23c. DATE SIGNED <u>4-23-56</u>	
24a. BIRTH, CREMATION, REMOVAL (Specify)		24b. DATE <u>4/23/56</u>		24c. NAME OF CEMETERY OR CREMATORY <u>PLEASANT Hill Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Stoddard Co. Mo</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Wm. H. Maynor</u>		ADDRESS <u>Advance Co. Mo.</u>	
DATE REC'D BY LOCAL REG. <u>4-26-56</u>		REGISTRAR'S SIGNATURE <u>Leis E. Rooney</u>			

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

EX-114
1956

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.....
W. M. H. Morgan

Licensed Embalmer No. 49

P. O. Address..... *Adwain*

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.