

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

19774

FILED JUN 3 1957
36916-57

Registration District No. 333 Primary Registration District No. 3074

STATE FILE NUMBER

Registrar's No. 840

1. PLACE OF DEATH a. COUNTY Scott		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) STATE Missouri b. COUNTY Scott ✓	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR Sikeston TOWN		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Sikeston 1003
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Mo. Delta Comm. Hosp/ Life		Length of stay in 1b	d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Jo Ann Middle Bollinger Last Bollinger			4. DATE OF DEATH Month May Day 12 Year 1957
5. SEX Female	6. COLOR OR RACE Colored	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH May 12, 1957
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Infant		10b. KIND OF BUSINESS OR INDUSTRY -----	11. BIRTHPLACE (City and state or country) Sikeston, Missouri
13. FATHER'S NAME William Bollinger		14. MOTHER'S MAIDEN NAME Joan Bennett	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) None		16. SOCIAL SECURITY NO. None	
17. INFORMANT Virginia Bennett, New Madrid, Missouri			Address
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Respiratory Failure Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Prematurity, Gestation 6 mo DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 7735			INTERVAL BETWEEN ONSET AND DEATH 3
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Hour _____ a. m. _____ p. m. Month, Day, Year _____			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY _____ STATE _____
21. I attended the deceased from 12 May 57 , to 17 May 57 and last saw her/him alive on 17 May 57 . Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Charles Kuhn MD (Degree or title)		22b. ADDRESS New Madrid, Mo	22c. DATE SIGNED 14 May 57
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 14 May 1957	23c. NAME OF CEMETERY OR CREMATORY Bandhill Cemetery	23d. LOCATION (City, town, or county) (State) New Madrid, Missouri
24. FUNERAL DIRECTOR Richards Undertaking Co. New Madrid, Mo		25. DATE RECD. BY LOCAL REG. 5-15-57	25. REGISTRAR'S SIGNATURE Mar Ella Hunter

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

DATE RECEIVED MAY 27-1957

SCOTT CO. HEALTH DEPT.

CO. FILE NO. 557-112

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

Not embalmed
Signed Lemmy S. Roberts
Licensed Embalmer No. 48

P. O. Address New Market

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.