

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

'57 027689

State File No.

FILED SEP 3 1957

BIRTH NO. _____ REG. DIST. NO. 53 PRIMARY REG. DIST. NO. 3010 Registrar's No. 401

1. PLACE OF DEATH a. COUNTY <u>CAPE Girardeau</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 town or township) <u>CAPE GIRARDEAU</u>		c. LENGTH OF STAY (In this place) <u>1 day</u>	c. CITY OR TOWN <u>BLOOMFIELD</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Do East Mo Hospt</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
		e. STREET ADDRESS (If rural, give location) <u>Route # 2, 1030</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>MARTHA</u>	b. (Middle) <u>LEE</u>	c. (Last) <u>BOLLINGER</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Aug. 11, 1957</u>
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5. SEX <u>F.</u>	6. COLOR OR RACE <u>W.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Mar. 21, 1880</u>	9. AGE (In years last birthday) <u>77</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 14 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>at home</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Williamson Co. Illinois</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Franklin Harris</u>	13b. MOTHER'S MAIDEN NAME <u>Louisa Rodgers</u>	14. NAME OF HUSBAND OR WIFE <u>James D. Bollinger</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No.</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>J.D. Bollinger</u>	ADDRESS <u>Bloomfield, Mo. R. # 2</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*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>	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial infarction</u>		INTERVAL BETWEEN ONSET AND DEATH <u>18 hrs</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Coronary artery disease</u>		
	DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? <u>2</u> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) _____
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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? _____
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22. I hereby certify that I attended the deceased from 10 Aug, 1957, to 11 Aug, 1957, that I last saw the deceased alive on 11 Aug, 1957, and that death occurred abt: 1:50 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>W. Ashley J. M.D.</u>	23b. ADDRESS <u>Cape Girardeau Mo</u>	23c. DATE SIGNED <u>23 Aug 57</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Aug. 13, 57</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Tillman cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Stoddard co., Missouri</u>
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DATE REC'D BY LOCAL REG. <u>8-26-57</u>	REGISTRAR'S SIGNATURE <u>W. C. Summers</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>CHILES UND.CO., BLOOMFIELD, MO.</u>	ADDRESS _____
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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 Lulu Cooper # 3199 Student Embalmer No. _____

~~Working under my personal supervision~~

Student _____
Signature of Student Embalmer

Signed Lulu Cooper
Licensed Embalmer No. 4119

P. O. Address Bloomfield,

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.