

Health, Welfare, Public Service

FILED AUG 30 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

28194
STATE FILE NUMBER
149 Primary Registration District No. 1002 Registrar's No. 3738

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY JACKSON	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY		c. CITY OR TOWN HICKMAN MILLS	
c. FULL NAME OF (If NOT in HOSPITAL OR INSTITUTION) OSTEOPATHIC HOSPITAL		d. STREET ADDRESS (If outside, give location) 6615 EAST 103RD	

3. NAME OF DECEASED (Type or print) First Middle Last GEORGE William BOLLIN			4. DATE OF DEATH Month Day Year AUG - 8 - 1957		
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5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH MARCH 23, 1885	9. AGE (In years at birthday) 72	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED CONTRACTOR	10b. KIND OF BUSINESS OR INDUSTRY BUILDING RESIDENCE	11. BIRTHPLACE (City and state or country) CARROLL Co. MISSOURI	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME MATHEW BOLLIN	13b. MOTHER'S MAIDEN NAME JULIA BYRAM	14. NAME OF HUSBAND OR WIFE ETHEL CHRISTINE BOLLIN
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, for unknown) (If yes, give war or dates of service) NO	16. SOCIAL SECURITY NO. 493-12-6556	17. INFORMANT Address HICKMAN MILLS, MO. MRS. ETHEL C. BOLLIN, 6615 E. 103RD.
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Shock		INTERVAL BETWEEN ONSET AND DEATH 1551
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Peri-pheral Vascular Collapse	
	DUE TO (c) CARCINOMA TESTIS, PRIMARY LIVER	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

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.)
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20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.	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
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21. I attended the deceased from 6-17-57 to Aug. 8-57 and last saw him alive on Aug 8 57	
Death occurred at 5:00 A.M. on the date stated above; and to the best of my knowledge, from the causes stated.	

22a. SIGNATURE D. Friedman	(Degree or title)	22b. ADDRESS 7204 Peay	22c. DATE SIGNED 8/8/57
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23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE AUG-10-1957	23c. NAME OF CEMETERY OR CREMATORY MEMORIAL PARK CEMETERY	23d. LOCATION (City, town, or county) (State) KANSAS CITY MISSOURI
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24. FUNERAL DIRECTOR D.W. NEWCOMER'S SONS	ADDRESS 1331. BRUSH CREEK KANSAS CITY, MO.	25. DATE RECD. BY LOCAL REG. 8-10-57	26. REGISTRAR'S SIGNATURE neva Marshall
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(Licensed Embalmer's Statement on Reverse Side)

Friedman Weinberger USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE. All diseases in Part I must be causally related.

MEDICAL CERTIFICATION

KP
2

for 3-4-21

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 *Rollie Kessel*

Licensed Embalmer No. *4690*
P. O. Address *K.C.M.O.*

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.