

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **35042**

FILED NOV 4 1957

BIRTH NO. _____ REG. DIST. NO. **53** PRIMARY REG. DIST. NO. **3010** Registrar's No. **494**

1. PLACE OF DEATH a. COUNTY Cape Girardeau		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Missouri b. COUNTY Cape Girardeau	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Cape Girardeau		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Jackson	
c. LENGTH OF STAY (in this place) 3 years		d. STREET ADDRESS (If rural, give location) Deal Nursing Home	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Francis Hosp			

3. NAME OF DECEASED (Type or Print) Florence	a. (First)	b. (Middle)	c. (Last) Bollinger	4. DATE OF DEATH (Month) (Day) (Year) October 23, 1957
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH March 29, 1969	9. AGE (In years last birthday) 88	IF UNDER 1 YEAR Months Days	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) Housewife	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Pocahontas, Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME James C. Thompson	13b. MOTHER'S MAIDEN NAME Nancy Abernathy	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME J. C. Crawford	ADDRESS Jackson, Mo.
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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, asthma, etc. It means the disease, injury, or complication which caused death.</i>	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Exhausted		MEDICAL CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH 14 days
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Myocarditis		
	DUE TO (c) Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 44	20. AUTOPSY? 0
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21a. ACCIDENT (Specify) Boat	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Deal Nursing Home, Jackson, Cape Girardeau, Mo.	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Jackson, Cape Girardeau, Mo.
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21d. TIME OF INJURY Oct 9 1957	(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? Fell in floor
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22. I hereby certify that I attended the deceased from **Sept 1954**, 19___, to **Oct 25, 1957**, that I last saw the deceased alive on **Oct 22, 1957**, and that death occurred at **11:55 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE J. C. Crawford	(Degree or title)	23b. ADDRESS Jackson Mo	23c. DATE SIGNED 10-26-57
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Oct 26, 1957	24c. NAME OF CEMETERY OR CREMATORY Apple Creek Cem	24d. LOCATION (City, town, or county) (State) Pocahontas Mo.
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DATE REC'D BY LOCAL REG. 10-31-57	REGISTRAR'S SIGNATURE C. C. Summers	25. FUNERAL DIRECTOR'S SIGNATURE J. C. Crawford	ADDRESS Jackson, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

44-0

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
Student Embalmer

Signed *Neal C. Smith*

Licensed Embalmer No. 4327

P. O. Address *Wichita, Mo*

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 this body is not embalmed, fact should be so stated above.