

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

38879
State File No.

FILED OCT 31 1957

BIRTH NO. _____ REG. DIST. NO. 391 PRIMARY REG. DIST. NO. 6153 Registrar's No. 21

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 _____	
b. CITY OR TOWN <u>Rural-Pike</u>	c. LENGTH OF STAY (in this place) _____	c. CITY OR TOWN <u>1030</u> <u>Gray Ridge</u>	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 <u>Near Advance</u>		STREET ADDRESS (If rural, no location) _____	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Namen</u> b. (Middle) <u>Keith</u> c. (Last) <u>Bollinger</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 10 1957</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED* (Specify) <u>Never married</u>	8. DATE OF BIRTH <u>July 14, 1957</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>none</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>none</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Poplar Bluff, Mo</u>
13a. FATHER'S NAME <u>Namen Bollinger</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Wilson</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>

14. NAME OF HUSBAND OR WIFE _____		17. INFORMANT'S SIGNATURE OR NAME <u>Namen Bollinger, Gray Ridge, Mo</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	16. SOCIAL SECURITY NO. <u>none</u>	17. ADDRESS _____	

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>RUPTURE OF MENINGOCELE</u>		INTERVAL BETWEEN ONSET AND DEATH <u>BIRTH TO DEATH</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>MENINGOCELE</u>		
	DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>751X</u>			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT (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 3/26/57, 1957, to 10/10/57, that I last saw the deceased alive on May, 1957 and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE <u>James H. of Wm. M. D. Keyser</u> (Degree or title)		23b. ADDRESS _____	23c. DATE SIGNED <u>10/22/57</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>10-12-57</u>	24c. NAME OF CEMETERY OR CREMATORIA <u>Morgan</u>	24d. LOCATION (City, town, or county) (State) <u>Advance, Mo</u>
DATE REC'D BY LOCAL REG. <u>10-31-57</u>	REGISTRAR'S SIGNATURE <u>Thomas L. Dunbar</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Wm. H. Morgan, Advance, Mo</u> ADDRESS _____	

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 _____, Student Embalmer No. _____ working under my personal supervision..

Student _____
Signature of Student Embalmer

Signed Wm H. Morgan

Licensed Embalmer No. 4640
P. O. Address Advocate

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.