

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-017431  
State File No.

FILED MAY 28 1958

BIRTH NO.		REG. DIST. NO. <b>43</b>	PRIMARY REG. DIST. NO. <b>3007</b>	Registrar's No. <b>378</b>
1. PLACE OF DEATH a. COUNTY <b>Butler</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Stoddard</b>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Poplar Bluff</b>		c. LENGTH OF STAY (in this place)	c. CITY OR TOWN <b>Bloomfield</b> <sup>1030</sup>	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 <b>Doctors Hospital</b>		f. STREET ADDRESS (If rural, give location) <b>--</b>		
3. NAME OF DECEASED (Type or Print) a. (First) <b>JAMES</b>		b. (Middle) <b>D.</b>	c. (Last) <b>BOLLINGER</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>May 3, 1958</b>
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widower</b>	8. DATE OF BIRTH <b>Nov. 12, 1879</b>	9. AGE (In years last birthday) <b>78</b> if UNDER 1 YEAR Months <b>5</b> Days <b>21</b> if UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Ret. Carpenter</b>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <b>Advance, Missouri</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
13a. FATHER'S NAME <b>David C. Bollinger</b>		13b. MOTHER'S MAIDEN NAME <b>Ann Liza Collins</b>		14. NAME OF HUSBAND OR WIFE <b>-----</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No.</b>		16. SOCIAL SECURITY NO. <b>500 16 1593</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Chester Simmons, Bloomfield, Mo.</b>
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Apoplexy</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Hypertension</b> DUE TO (c) <b>Alcohol other apoplectic episodes</b> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Myocarditis, arteriosclerosis</b>		INTERVAL BETWEEN ONSET AND DEATH <b>36 hrs.</b> <b>5 to 6 yrs.</b> <b>10 yrs.</b>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>334X</b>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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)
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 <b>20 Apr. 1958</b> , to <b>3 May</b> , 19 <b>58</b> , that I last saw the deceased alive on <b>2 May</b> , 19 <b>58</b> , and that death occurred at <b>3:30 a.m.</b> , from the causes and on the date stated above.				
23a. SIGNATURE <b>Cyril A. Post</b>		23b. ADDRESS <b>Poplar Bluff, Mo.</b>		23c. DATE SIGNED <b>19 May 58</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>May 6-58</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Tillman cem.</b>	24d. LOCATION (City, town, or county) (State) <b>Stoddard co. Missouri</b>
DATE REC'D BY LOCAL REG. <b>5/26/58</b>		REGISTRAR'S SIGNATURE <b>H. Brumtree</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>CHILES UND. CO. BLOOMFIELD, MO.</b>

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

MAY 26 1958

BUTLER CO. HEALTH CENTER

FILE No. \_\_\_\_\_

JUN 20 1958

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, *Lulu Cooper* 3499, Student Embalmer No. \_\_\_\_\_, working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed *Swam C. Cooper*

Licensed Embalmer No. *4119*

P. O. Address *Blairfield, Pa.*

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.