

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-040715

STATE FILE NUMBER

FILED DEC 10 1958

Registration District No. 206

Primary Registration District No. 3042

Registrar's No. 49

300
-57

1. PLACE OF DEATH a. COUNTY MADISON			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO. b. COUNTY MADISON		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN FREDERICKTOWN		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN FREDERICKTOWN		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 305 W. COLLEGE		Length of stay in lb 77 yrs.	d. STREET ADDRESS (If outside, give location) 305 W. COLLEGE		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First JOSEPH Middle LEWIS Last DOLLINGER			4. DATE OF DEATH Month NOV. Day 30 Year 1958		
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 JAN. 16, 1880	9. AGE (In years last birthday) 78	IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) CARPENTER	10b. KIND OF BUSINESS OR INDUSTRY BUILDING	11. BIRTHPLACE (City and state or country) MADISON COUNTY, MO.		12. CITIZEN OF WHAT COUNTRY? U.S.	
13a. FATHER'S NAME PETER DOLLINGER		13b. MOTHER'S MAIDEN NAME TERESA SPOHRER		14. NAME OF HUSBAND OR WIFE ETHEL DOLLINGER	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, No, or unknown) (If yes, give war or dates of service) NO	16. SOCIAL SECURITY NO. 498-12-3676	17. INFORMANT Address MO. MRS. ETHEL DOLLINGER, FREDERICKTOWN,			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Congestive heart failure Chronic myocarditis Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)					INTERVAL BETWEEN ONSET AND DEATH 6 weeks years
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.) 4222				
20c. TIME OF INJURY Hour _____ 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			
21. I attended the deceased from 10/15/58 to 11/29/58 and last saw him live on 11/29/58 Death occurred at 3:30 a.m. on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE W. Grossman (Degree or title) MD			22b. ADDRESS Federicktown Mo		22c. DATE SIGNED 12/4/58
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 12/3/58	23c. NAME OF CEMETERY OR CREMATORY CALVARY CEMETERY	23d. LOCATION (City, town, or county) (State) MADISON COUNTY, MO.		
24. FUNERAL DIRECTOR NAJIM FUNERAL HOME, FREDERICKTOWN, MO.		25. DATE RECD. BY LOCAL REG. 12-7-1958	26. REGISTRAR'S SIGNATURE Lorence Dick		

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

REGISTRY
DEC 8 - 1938
FILE NO. 123-8-49

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 *Charles McPart*

Licensed Embalmer No. 4852
P. O. Address Fredricktown,

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.