

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-004464

STATE FILE NUMBER

REGISTRATION DISTRICT No. 032 Primary Registration District No. 17 Registrar's No. 17

300  
1-57

1. PLACE OF DEATH a. COUNTY <u>Bollinger</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Bollinger</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Marble Hill</u>		c. CITY OR TOWN <u>Marble Hill</u> <u>696</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Home</u>		d. STREET ADDRESS (If outside, give location) <u>20yrs</u>	
3. NAME OF DECEASED (Type or print) First <u>BARBARA</u> Middle <u>ANN</u> Last <u>CRADER</u>		4. DATE OF DEATH Month <u>2</u> Day <u>18</u> Year <u>1959</u>	
5. SEX <u>FM</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Mar. 23, 1897</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>	9. AGE (In years last birthday) <u>61</u>
11. BIRTHPLACE (City and state or country) <u>Sedgewickville, Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>Henry Bollinger</u>		13b. MOTHER'S MAIDEN NAME <u>Samantha Bollinger Harris</u>	
14. NAME OF HUSBAND OR WIFE <u>Burrette Crader</u>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	
16. SOCIAL SECURITY NO. <u>No</u>		17. INFORMANT <u>Burrette Crader</u> Address <u>Marble Hill Mo</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Acute Circulatory Failure</u> DUE TO (b) <u>Coronary Occlusion</u> DUE TO (c) <u>Coronary Thrombosis</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>4201</u>		INTERVAL BETWEEN ONSET AND DEATH <u>acute</u> <u>acute</u>	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> <u>none</u>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <u>9:00</u> a.m. <u>o'clock</u> Month, Day, Year <u>A.M.</u>		20d. INJURY OCCURRED WHILE AT <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.) <u>never attended before</u>		20f. CITY, TOWN, OR LOCATION <u>Dead on my arrival</u>	
21. I attended the deceased from <u>9:00</u> to <u>9:00</u> and last saw her alive on <u>9:00</u> on the date stated above; and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Degree or title) <u>William J. Freitas, D.O.</u>	
22b. ADDRESS <u>Lutesville, Mo</u>		22c. DATE SIGNED <u>2-21-59</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>2-20-1959</u>	
23c. NAME OF CEMETERY OR CREMATORY <u>Crader Eem.</u>		23d. LOCATION (City, town, or county) (State) <u>Bufordsville, Mo</u>	
24. FUNERAL DIRECTOR <u>Gene Ward</u>		25. DATE RECD. BY LOCAL REG. <u>2-26-59</u>	
26. REGISTRAR'S SIGNATURE <u>Mr. Buford Crader</u>			

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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 P. O. Laine .....

Licensed Embalmer No. 4538 .....

P. O. Address Jackson, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.