RI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

59—031941

STATE FILE NUMBER

FILED VS SEP 28 1959

Registration District No. 178 Primary Registration District No. 5440 Registrar's No. 30

NDED

1. PLACE OF DEATH
a. COUNTY Gasconade
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Rural Clay Township
Length of stay in 1b
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 1/2 mi. S.E. Bland Mo on Highway B
Inside Limits Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Gasconade
c. CITY OR TOWN Bland
Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location)
Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First Edwin Middle Ora Last Bollman

4. DATE OF DEATH Month Sept. Day 21 Year 1959

5. SEX Male

6. COLOR OR RACE White

7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐

8. DATE OF BIRTH March 31-1941

9. AGE (last birthday) 18
IF UNDER 1 YEAR Months Days
IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY —

11. BIRTHPLACE (City and state or country) Belle - Missouri

12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME Edwin Bollman

13b. MOTHER'S MAIDEN NAME Neva Branson

14. NAME OF HUSBAND OR WIFE —

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. 496-44-7549

17. INFORMANT Edwin Bollman Address Bland Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Medullary Failure
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Crush injury of medulla and brain cortex
DUE TO (c) Compression fracture of skull

INTERVAL BETWEEN ONSET AND DEATH

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
Due to auto accident.

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☒ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Thrown from overturned auto.

20c. TIME OF INJURY Hour 4:25 p.m. Month, Day, Year 9-21-59

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Highy B South of Bland

20f. CITY, TOWN, OR LOCATION Bland COUNTY Gasconade STATE Mo

21. I attended the deceased from Mar 1956, to 9-21-59 and last saw him alive on 9-21-59
Death occurred at 4:25 pm on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Wm Fredrick D.O. (Degree or title)

22b. ADDRESS Bland Mo

22c. DATE SIGNED 9/23/59

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial

23b. DATE Sept 24-1959

23c. NAME OF CEMETERY OR CREMATORY Union Cemetery

23d. LOCATION (City, town, or county) (State) Bland - Mo.

24. FUNERAL DIRECTOR Chester Sassman ADDRESS Sassman Funeral Service Bland - Mo

25. DATE RECD. BY LOCAL REG. September 24, 1959

26. REGISTRAR'S SIGNATURE Mrs. Marvin Toppmeyer

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

OCT 13 1959

OCT 8 1959

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by r

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Chester Sassman

Licensed Embalmer No. 4178

P. O. Address Bland

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to com 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.