

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS DEC 15 1959

59-038879

STATE FILE NUMBER

Registration District No. 032 Primary Registration District No. Registrar's No. 82

INDEXED

BY AFFIDAVIT OF funeral director

1. PLACE OF DEATH a. COUNTY <u>Bollinger</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Bollinger</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Lorance</u>		Length of stay in 1b <u>13 yrs.</u>		c. CITY OR TOWN <u>Lutesville</u>		Inside Limits Yes ☐ No ☒	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION				d. STREET ADDRESS <u>1 mile from Lutesville</u>		Reside on Farm Yes ☒ No ☐	
3. NAME OF DECEASED (Type or print) <u>ETTER COOK BOLLOCK</u>				4. DATE OF DEATH Month <u>Dec.</u> Day <u>10</u> Year <u>1959</u>			
5. SEX <u>F</u>	6. COLOR OR RACE <u>W.</u>	7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐		8. DATE OF BIRTH <u>Oct. 25-1886</u>	9. AGE (last birthday) <u>73</u>	IF UNDER 1 YEAR Months <u> </u> Days <u> </u> Hours <u> </u> Min. <u> </u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House wife</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <u>Emerson Co. Kentucky</u>		12. CITIZEN OF WHAT COUNTRY <u>U. S. A.</u>	
13a. FATHER'S NAME <u>John Cook</u>		13b. MOTHER'S MAIDEN NAME <u>Amanda</u>		14. NAME OF HUSBAND OR WIFE <u>James Bollock</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u> </u>		17. INFORMANT <u>Sandy Bollock</u> Address <u>St. Louis, 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>Circulatory failure</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Coronary atherosclerosis</u> DUE TO (c) <u>Primary breast (right)</u> 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
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.)		
20c. TIME OF INJURY Hour <u> </u> a.m. <u> </u> p.m. <u> </u>		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.)		20f. CITY, TOWN, OR LOCATION		COUNTY		STATE	
21. I attended the deceased from <u>8:15 PM</u> <u>12/4/55</u> to <u>12/10/59</u> and last saw her <u>live</u> on <u>12/10/59</u> Death occurred at <u> </u> m on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <u>John J. Myers DO</u> (Degree or title)				22b. ADDRESS <u>Lutesville Mo</u>		22c. DATE SIGNED <u>12/11/59</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>Dec 15, 1959</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Sun Set</u>		23d. LOCATION (City, town, or county) <u>St. Louis Mo.</u>	
24. FUNERAL DIRECTOR <u>Alan E. Kender</u>		ADDRESS <u>Lutesville Mo</u>		25. DATE RECD. BY LOCAL REG. <u>12-12-59</u>		26. REGISTRAR'S SIGNATURE <u>Mrs. Buford Crader</u>	

(Licensed Embalmer's Statement on Reverse Side)

6561 91 330 SA

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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 J. E. Graham

Licensed Embalmer No. 4010

P. O. Address Lutesville

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.