

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 032

Primary Registration District No. _____

Registrar's No. 81

63-046986
STATE FILE NUMBER

FILED DEC 23 1963

1. PLACE OF DEATH

a. COUNTY

Bollinger

b. CITY (If outside corporate limits, give TOWNSHIP only)

Lutesville

Length of stay in lb

2 Weeks

c. FULL NAME OF (If NOT in hospital, give location)

Bond Nursing Home

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Missouri

b. COUNTY

Cape Girardeau

c. CITY

Cape Girardeau

OR

TOWN

Inside Limits

Yes ☒ No ☐

d. STREET

207 So. Sprigg St.

(If outside, give location)

Reside on Farm

Yes ☐ No ☒

3. NAME OF DECEASED
(Type or print)

First Orlena

Middle L.

Last Bollinger

4. DATE OF DEATH

Month November

Day 6

Year 1963

5. SEX

Female

6. COLOR OR RACE

White

7. Married ☐ **Never Married** ☐

Widowed ☒ Divorced ☐

8. DATE OF BIRTH

4/4/1883

9. AGE (last birthday)

80

IF UNDER 1 YEAR

Months 0 Days 0 Hours 0 Min. 0

IF UNDER 24 HR

Hours 0 Min. 0

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

Housewife

10b. KIND OF BUSINESS OR INDUSTRY

Sedgewickville, Mo.

11. BIRTHPLACE (City and state or country)

U.S.A.

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

Henry Bollinger

13b. MOTHER'S MAIDEN NAME

Mary Caynet

14. NAME OF HUSBAND OR WIFE

Jesse Bollinger

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.

None

17. INFORMANT

Earl Bollinger-Cape Girardeau, Mo.

Address

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Bronchial pneumonia

DUE TO (b)

Congestive heart failure

DUE TO (c)

Arteriosclerotic heart disease

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

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.)

20c. TIME OF INJURY

Hour

a.m.

Month, Day, Year

p.m.

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 10-21-63 **to** 11-6-63 **and last saw her** 11-6-63 **alive on**

Death occurred at 10:15 P.M. **on the date stated above and to the best of my knowledge, from the causes stated.**

22. SIGNATURE

(Degree or title)

John H. Hargrave, M.D.

22b. ADDRESS

Lutesville, Mo.

22c. DATE SIGNED

12-16-63

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

11/19/1963

23c. NAME OF CEMETERY OR CREMATOR

Hope Cemetery

23d. LOCATION (City, town, or county)

Scopus, Bollinger, Mo.

(State)

24. FUNERAL DIRECTOR

L. L. Haman-Cape Girardeau, Mo.

ADDRESS

25. DATE RECD. BY LOCAL REG.

12/20/63

26. REGISTRAR'S SIGNATURE

Mrs. Buford Crader

L. L. Haman-Cape Girardeau, Mo.

12/20/63

Mrs. Buford Crader

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

BY AFFIDAVIT OF

DOCUMENT

DATE AMENDED

1 0090

2 0168

3 2

4 1

5 2

6 2

7 2

8 2

9 94200

10 86-2

11 1-1

12

13

14

15

16

17

740210-000

JAN 2 1964

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 Howard B. Herman

Licensed Embalmer No. 4122

P. O. Address Cape Girardeau, 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.