

FILED SEP 9 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 26319

BIRTH NO. _____ REG. DIST. NO. 53 PRIMARY REG. DIST. NO. 3010 Registrar's No. 278

1. PLACE OF DEATH a. COUNTY <u>Cape Girardeau</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Cape Girardeau</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Cape Girardeau</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Cardwell</u>	
c. LENGTH OF STAY (In this place) <u>4 mos.</u>		d. STREET ADDRESS (If rural, give location) <u>/</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Southeast Mo. Hospital</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Julius</u> b. (Middle) <u>Bollinger</u> c. (Last) <u>Bollinger</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Aug. 10, 1949</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Dec. 29, 1885</u>	9. AGE (In years last birthday) <u>63</u>	IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Merchant</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Grocery</u>	11. BIRTHPLACE (State or foreign country) <u>Sedgewickville Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>

13a. FATHER'S NAME <u>William Bollinger</u>	13b. MOTHER'S MAIDEN NAME <u>Sarah Hartle</u>	14. NAME OF HUSBAND OR WIFE <u>Reva Bollinger</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mar Ross Bollinger</u>	ADDRESS <u>Cardwell, Mo.</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hypertensive Pneumonia</u>		INTERVAL BETWEEN ONSET AND DEATH <u>5 hrs</u> <u>2 yrs</u> <u>442x</u>
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause. (a) stating the underlying cause last. DUE TO (b) <u>Cardio-renal vascular disease</u>		
	DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION <u>←</u>	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>To</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from June 1, 1949, to Aug 10, 1949, that I last saw the deceased alive on Aug 10, 1949, and that death occurred at 7:50P m., from the causes and on the date stated above.

23a. SIGNATURE <u>[Signature]</u> (Degree or title) <u>M.D.</u>	23b. ADDRESS <u>Cape Girardeau MO</u>	23c. DATE SIGNED <u>8.11-49</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Aug. 12, 1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Sedgewickville Cent.</u>	24d. LOCATION (City, town, or county) (State) <u>Sedgewickville, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>8-29-1949</u>	REGISTRAR'S SIGNATURE <u>[Signature]</u>	EMERALD DIRECTOR'S SIGNATURE <u>[Signature]</u>	ADDRESS <u>Cape Gir., Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

MAY 17 1950

RECEIVED 9-6-49

District Health Officer No. 4

District File Number 949-1161

Date Filed

OCT 4 1949

JUN 12 1950

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.

Signed Howard R. Hansen

Licensed Embalmer No. 4122

P. O. Address Cape Girardeau, Mo.

Signed Student Embalmer

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 this body is not embalmed, fact should be so stated above.