

No. 300
10. 48

FILED DEC 11 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 36579
Registrar's No. 395

BIRTH NO. 0164 REG. DIST. NO. 53 PRIMARY REG. DIST. NO. 3010

1. PLACE OF DEATH
a. COUNTY Cape Girardeau
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Cape Girardeau, Mo.
c. LENGTH OF STAY (in this place)
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Southeast Missouri Hosp

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri b. COUNTY Bollinger
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural-Whitewater, Mo.
d. STREET ADDRESS (If rural, give location) 3 mi N.W. Sedgewickville

3. NAME OF DECEASED (Type or Print) a. (First) ODDIE b. (Middle) RUTHERFORD c. (Last) BOLLINGER

4. DATE OF DEATH (Month) (Day) (Year) Nov. 30 1951

5. SEX M

6. COLOR OR RACE W

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH Nov. 20-1907

9. AGE (In years last birthday) 44

IF UNDER 1 YEAR Months Days IF UNDER 6 HRS. Hours Min.

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

10b. KIND OF BUSINESS OR INDUSTRY Farming

11. BIRTHPLACE (State or foreign country) Missouri

12. CITIZENRY OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME John R. Bollinger

13b. MOTHER'S MAIDEN NAME Ellie Hammond

14. NAME OF HUSBAND OR WIFE Wilma Bollinger

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No

16. SOCIAL SECURITY NO. None

17. INFORMANT'S SIGNATURE OR NAME ADDRESS Paul Bollinger Fredricksburg Mo.

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, asphyxia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Status Asthmaticus
ANTECEDENT CAUSES (b) Bronchial Asthma
DUE TO (c) COP
II. OTHER SIGNIFICANT CONDITIONS (d) Cor pulmonale secondary to pulmonary emphysema

INTERVAL BETWEEN ONSET AND DEATH 3 days
127 yrs.
3 days

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

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 NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR? 241X

22. I hereby certify that I attended the deceased from 26 Nov, 1951, to 30 Nov., 1951, that I last saw the deceased alive on 30 Nov., 1951, and that death occurred at 1:20 p.m., from the causes and on the date stated above.

23. SIGNATURE (Degree & title) M. O. Schaefer, M.D.

23b. ADDRESS 709 Broadway - Cape

23c. DATE SIGNED 3 Dec 51

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE Dec. 2, 1951

24c. NAME OF CEMETERY OR CREMATORY Sedgewickville

24d. LOCATION (City, town, or county) (State) Sedgewickville Mo.

DATE REC'D BY LOCAL REG. 12-3-51

REGISTRAR'S SIGNATURE C. C. Summers

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS McCombs Funeral Home Co. Jackson, Mo.

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

RECEIVE

DEC 10 1951

DISTRICT HEALTH OFFICE

File No.....

JUL 6 1951

2031 & MEY

AUG 9 1951

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.....

BA Myers

Signed.....
Student Embalmer

Licensed Embalmer No. *3051*

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