

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 38318

FILED DEC 11 1951

BIRTH NO.		REG. DIST. NO. 273		PRIMARY REG. DIST. NO. 3051		Registrar's No. 85	
1. PLACE OF DEATH a. COUNTY Perry				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Perry			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Perryville		c. LENGTH OF STAY (In this place) 3 Days		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Perryville		1791	
d. FULL NAME OF HOSPITAL OR INSTITUTION Perry County Memorial Hospital				d. STREET ADDRESS (If rural, give location) 902 West St. Joseph Street			
3. NAME OF DECEASED (Type or Print) Daniel		a. (First)		b. (Middle) Anthony		c. (Last) Bollinger	
4. DATE OF DEATH December 1, 1951		5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widower	
8. DATE OF BIRTH March 21, 1900		9. AGE (In years last birthday) 51		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Shoe Worker		10b. KIND OF BUSINESS OR INDUSTRY Manufacturing Shoes	
11. BIRTHPLACE (State or foreign country) St. Louis, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Frank Bollinger		13b. MOTHER'S MAIDEN NAME Florence Elder	
14. NAME OF HUSBAND OR WIFE Nonie Moll 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.		17. INFORMANT'S SIGNATURE OR NAME Mrs. Herbert Moll, Perryville, 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.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Embolism PULMONARY Cerebral Embolism 2. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Under observ. for pulmon. etc.				INTERVAL BETWEEN ONSET AND DEATH 2 1/2 3 min 4 1/2 5 days 2 yrs 3-4 yrs	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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) (Min.)	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 4-21		22. I hereby certify that I attended the deceased from 11-9, 1949, to 12-1, 1951, that I last saw the deceased alive on 12-1, 1951, and that death occurred at 4:20 p.m., from the causes and on the date stated above.		23a. SIGNATURE <i>L. W. ... MD</i> (Degree or title)	
23b. ADDRESS Perryville Mo		23c. DATE SIGNED 12-3-51		24a. BURIAL, CREMATION; REMOVAL (Specify) Burial		24b. DATE Dec. 5, 1951	
24c. NAME OF CEMETERY OR CREMATORY Mt. Hope Cemetery		24d. LOCATION (City, town, or county) Perryville, Mo.		24e. DATE REC'D BY LOCAL REG. 12-4-51		24f. REGISTRAR'S SIGNATURE <i>Joel Zellner</i>	
25. FUNERAL DIRECTOR'S SIGNATURE <i>Albert Bey</i>		25. ADDRESS Perryville, Mo.		25. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		25. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	

(Licensed Embalmer's Statement on Reverse Side)

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

DEC 21 1951

JAN 1 2 1952

RECEIVED

DEC 10 1951

DISTRICT HEALTH OFFICE No. 6

File No.....

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.....

working under my personal supervision.

Student Embalmer No.....

Signed.....
Student Embalmer

Signed Albert Bey

Licensed Embalmer No 3866

P. O. Address Ferryville, 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.