

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **13262**

MAY 15 1952

BIRTH NO. _____		REG. DIST. NO. 146		PRIMARY REG. DIST. NO. 5369		Registrar's No. 188			
1. PLACE OF DEATH a. COUNTY JACKSON (Brookings)				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY JACKSON					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN R.R. 3 HICKMAN MILLS		c. LENGTH OF STAY (In this place) 30 YR.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN R.R. 3 HICKMAN MILLS		d. STREET ADDRESS (If rural, give location) (Brookings) U			
d. FULL NAME OF HOSPITAL OR INSTITUTION 81 AT RAYTOWN RD.				d. STREET ADDRESS (If rural, give location) 81 AT RAYTOWN RD.					
3. NAME OF DECEASED (Type or Print) JOSEPH PETER			a. (First)		b. (Middle) BOLLINGER		c. (Last)		
4. DATE OF DEATH (Month) (Day) (Year) May 5 1952		5. SEX MALE		6. COLOR OR RACE WHITE		7. MARRIED. NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH 15 MARCH 1892	
9. AGE (In years last birthday) 60		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) MECHANIC		10b. KIND OF BUSINESS OR INDUSTRY AUTO		11. BIRTHPLACE (City and State or Foreign Country) ADVANCE MISSOURI		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME GILBERT BOLLINGER			13b. MOTHER'S MAIDEN NAME UNKNOWN			14. NAME OF HUSBAND OR WIFE HAZEL BOLLINGER			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES W.W. 1		16. SOCIAL SECURITY NO. 486-10-3758		17. INFORMANT'S SIGNATURE OR NAME H. BOLLINGER				ADDRESS R.R. 3 HICKMAN MILLS,	
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, asthenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Left heart failure				INTERVAL BETWEEN ONSET AND DEATH years	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. none				II. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) hypertensive heart disease years				DUE TO (c) atherosclerosis years	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 443X						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?					
22. I hereby certify that I attended the deceased from 11-19 1951 to May 5 1952 , that I last saw the deceased alive on May 5 1952 , and that death occurred at 7:30 P.M. , from the causes and on the date stated above.									
23a. SIGNATURE [Signature] (Degree or title) D.O.P.				23b. ADDRESS D.O.P. 9124 E. 50th Hwy. mo. KC. 36				23c. DATE SIGNED 5-7-52	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 9 MAY 1952		24c. NAME OF CEMETERY OR CREMATORY FLORAL HILLS		24d. LOCATION (City, town, or county) (State) KANSAS CITY, MISSOURI			
DATE REC'D BY LOCAL REG. 5-8-52		REGISTRAR'S SIGNATURE [Signature]		25. FUNERAL DIRECTOR'S SIGNATURE [Signature]		ADDRESS FLORAL HILLS MEMORIAL CHAPELS K.C.			

0460

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

TEST BY MMD

MAY 12 1952

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
Student Embalmer

Signed *Roy C. McLeod*

Licensed Embalmer No. 4853

P. O. Address *R. C. Mc.*

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.