

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JAN 23 1953

BIRTH NO. REG. DIST. NO. 71 PRIMARY REG. DIST. NO. 3012 Registrar's No. 6

1002

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

1. PLACE OF DEATH a. COUNTY <u>Clay</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Clay</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Excelsior Springs</u>	c. LENGTH OF STAY (In this place)	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Excelsior Springs 6902</u>	d. STREET ADDRESS (If rural, give location) <u>812 St. Louis Ave.</u>
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Excelsior Springs Hospital</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>EMMA</u> b. (Middle) <u>B</u> c. (Last) <u>BOLLINGER</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 10, 1953</u>	
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5. SEX <u>female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Mar. 12, 1885</u>	9. AGE (In years last birthday) <u>67</u>	IF UNDER 1 YEAR Days <u>2</u>	IF UNDER 1 MRS. Hours <u>1</u> Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Housekeeping</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
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13a. FATHER'S NAME <u>Robert Morgan</u>		13b. MOTHER'S MAIDEN NAME <u>Dorothy (unknown)</u>		14. NAME OF HUSBAND OR WIFE <u>Perry J. Bollinger</u>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>Unknown</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Perry J. Bollinger</u> ADDRESS	
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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.		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH <u>20</u>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary occlusion</u>		DUE TO (b) <u>Arteriosclerosis +</u>					
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) <u>pericardial thickening</u>							
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>4201</u>							

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input checked="" type="checkbox"/>	
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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)	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
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22. I hereby certify that I attended the deceased from 5 Oct, 1951, to 10 Oct, 1953, that I last saw the deceased alive on 10 Oct, 1953, and that death occurred at 12:25 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>George C. Anderson M.D.</u>		23b. ADDRESS <u>Excelsior Springs, Mo.</u>		23c. DATE SIGNED <u>1-14-53</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>1-13-53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Crown Hill</u>		24d. LOCATION (City, town, or county) (State) <u>Excelsior Springs, Mo.</u>	
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DATE REC'D BY LOCAL REG. <u>1-15-53</u>		REGISTRAR'S SIGNATURE <u>Barclay Hutchings</u>		52		25. FUNERAL DIRECTOR'S SIGNATURE <u>Charles Richard</u> ADDRESS <u>Excelsior Springs, Mo.</u>	
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JAN 29 1953

1960 AUG 26 1960

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 Lindsey K. Jarman

Licensed Embalmer No. 4589

P. O. Address Earlier Spring 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.