

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **5565**

FILED FEB 25 1953

BIRTH NO. _____ REG. DIST. NO. **133** PRIMARY REG. DIST. NO. **4204** Registrar's No. **28**

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

1. PLACE OF DEATH a. COUNTY Grundy		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Grundy	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Laredo		c. LENGTH OF STAY (in this place) 46 years	
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Laredo		d. STREET ADDRESS (If rural, give location) 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION ✓		d. STREET ADDRESS (If rural, give location) ✓	
3. NAME OF DECEASED (Type or Print) a. (First) Rudolph b. (Middle) Walter c. (Last) Bollinger			4. DATE OF DEATH (Month) (Day) (Year) Feb 7 1953
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Oct 9 1875
9. AGE (in years last birthday) 77	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Stationary Engineer	11. BIRTHPLACE (City and State or Foreign Country) Livingston County Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Stationary Engineer	10b. KIND OF BUSINESS OR INDUSTRY Railroad	11. BIRTHPLACE (City and State or Foreign Country) Livingston County Missouri	
13a. FATHER'S NAME Sam Bollinger	13b. MOTHER'S MAIDEN NAME Louise Iberg	14. NAME OF HUSBAND OR WIFE Margaret Cecelia Walsh Bollinger	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or date of service) ✓	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Winifred Tollet, Laredo, Mo. ADDRESS _____	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION	
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion		INTERVAL BETWEEN ONSET AND DEATH instantly	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES	
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) Atherosclerotic heart disease 15 years	
		DUE TO (c) 4200	
11. OTHER SIGNIFICANT CONDITIONS		15 years	
Conditions contributing to the death but not related to the disease or condition causing death. Mitral regurgitation			
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)	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 5-14 , 19 51 , to 2-7 , 19 53 , that I last saw the deceased alive on 2-3 , 19 53 , and that death occurred at 4:30 P.m. from the causes and on the date stated above.			
23a. SIGNATURE C. L. Clark (Degree or title) M.D.		23b. ADDRESS Trenton, Mo.	23c. DATE SIGNED 2-9-53
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 2/10/1953	24c. NAME OF CEMETERY OR CREMATORY Leopolis Cemetery	24d. LOCATION (City, town, or county) (State) Wheeler Mo
DATE REC'D BY LOCAL REG. 2-10-53	REGISTRAR'S SIGNATURE J. Irene Davis	25. FUNERAL DIRECTOR'S SIGNATURE F. J. Robertson ADDRESS Funeral Home Laredo	

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

J. M. Robertson

Licensed Embalmer No.

4388

P. O. Address

Laredo 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.