

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

29703

State File No.

FILED AUG 18 1953

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 3059 Registrar's No. 279

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| 1. PLACE OF DEATH a. COUNTY <u>ST. Francois</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>ST. Francois</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Bonne Terre</u> | c. LENGTH OF STAY (In this place) <u>2 hrs</u> | c. CITY OR TOWN <u>Womaek</u> | d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Bonne Terre Hosp.</u> | | e. STREET ADDRESS (If rural, give location) <u>0940</u> <u>0</u> | |

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| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Thomas</u> b. (Middle) <u>Augustus</u> c. (Last) <u>Bollinger</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>Aug 11, 1953</u> | | |
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED (Ever married, widowed, divorced (Specify)) <u>Divorced 3</u> | 8. DATE OF BIRTH <u>Aug 30 1880</u> | 9. AGE (To years) (Months) (Days) (Hours) (Mins.) <u>72</u> <u>11</u> <u>11</u> | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired</u> |
| 10b. KIND OF BUSINESS OR INDUSTRY <u>laborer</u> | | 11. BIRTHPLACE (City and State or Foreign Country) <u>Missouri 0</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> | |

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| 13a. FATHER'S NAME <u>Andrew Bollinger</u> | 13b. MOTHER'S MAIDEN NAME <u>UNKNOWN</u> | 14. NAME OF HUSBAND OR WIFE |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> | 16. SOCIAL SECURITY NO. <u>None</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>Glen Bollinger, ST. Louis, Mo</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, atherosclerosis, etc. It means the disease, injury, or complication which caused death. | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>apparently heart attack</u> | | INTERVAL BETWEEN ONSET AND DEATH |
| | ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Investigation showed</u> | | |
| | DUE TO (c) <u>death due to natural causes</u> <u>no doctor in attendance</u> <u>(approved by local registrar)</u> | | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES <input 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) |
| 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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 11:55 P.M., from the causes and on the date stated above.

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| 23a. SIGNATURE <u>Carl J. Miller 3</u> (Degree or title) <u>Coroner</u> | 23b. ADDRESS <u>Farmington, Mo</u> | 23c. DATE SIGNED <u>8/13/53</u> |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>8/15/1953</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>IOOF Doe Run</u> |
| 24d. LOCATION (City, town, or county) (State) <u>Doe Run, Mo</u> | | |

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| DATE REC'D BY LOCAL REG. <u>Aug 13, 1953</u> | REGISTRAR'S SIGNATURE <u>Esther Rudloff</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Miller Funeral Home, Farmington, Mo</u> | ADDRESS |
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

0941
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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 _____
Signature of Student Embalmer

Signed *Bulkley* _____

Licensed Embalmer No. *4120* _____

P. O. Address *Farmington, N.H.*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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