MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH 0011502						
DO NOT WRITE ON THIS STUB		AENDEC		Registration District NoPrimary Registration District No		
VS 300	1 1		M	Managari Managari		
Rev. 4/59	WEND			bCITY_(If outside corporate limits, give TOWNSHIP only)		
10681 20680	DATE AMENDED		•	c. FULL NAME OF (If NOT is hospital, give location) HOSPITAL OR INSTITUTION Latham Hospital OR ADDRESS Rte. # 3 OR ADDRESS Rte. # 3 OR ADDRESS Rte. # 3		
3	/			3. NAME OF DECEASED First Middle Last 4. DATE Month Day Year (Type or print) JOHN HENRY BOLLINGER DEATH March 10, 1964		
5 3			.	Mare white moved a stored ke/31/16/8/88	Min.	
6				10a. USUAL OCCUPATION (Give kind of work done Retired Farmer 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (City and state or country) 12. CITIZEN OF WHAT COUNTRY Retired Farmer 12. CITIZEN OF WHAT COUNTRY USA	TRY	
7 /				13s. AOTHER'S MAME 14. NAME OF HUSBAND OR WIFE 15b. MOTHER'S MAIDEN NAME 11ceh Myers		
91/22/	۲			15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (It yes, give war or dates of service) None 16. SOCIAL SECURITY NO. 17. INFORMANT Address Bluford Bollinger, Kansas City, Kansas		
10	<		DOCUMENT	18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Chamic Was early with was early Dequarted & type	ATH	
11 12/-0	! ≾		DOCO	Conditions, if any, which gave rise to DUE TO (b) Cilcums Cenaria 3+ years of the conditions of the cilcums of the conditions of the cilcums	ئىج_	
13 /- 0	- 	++	-	above cause (a), stating the under- lying cause last. DUE TO (c)	<u>=</u>	
	1 1			PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) PART III. If deceased was female there a pregnancy in last 90 Yes No Unit	days.	
ON SAMENTAR				19. WAS AUTOPSY 20a. ACCIDENT SUICIDE HOMICIDE 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) PERFORMED? YES NO		
y Q				ZOC. TIME OF Hour Month, Day, Year INJURY a.m. p.m.		
USE BLACK INK OR PEWRITER RIBBON				20d. INJURY OCCURRED WHILE AT WORK 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	TE	
BLAC OR RITER	READ			21. I attended the deceased from C - S - Co I , to 3 - 10 - Co 4 and last saw him alive on 3 - 10 - Co 4. Death occurred at 10:00 pure m on the date stated above, and to the best of my knowledge, from the causes stated.		
USE BLACE OR TYPEWRITER	SHOULD		T OF	22a, SIGNATURE (Degree or title) 22b. ADDRESS Collifornie (Ulo 3.12-0		
-	ON ON	++	AFFIDAVIT	23a. BURIAL, CREMATION, Page 23c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) Mar.12,1964 Flag Spring Cemetery Moniteau County, Missouri		
	ITEM N		BY AFF	24. FUNERAL DIRECTOR ADDRESS 25. DATE RECO. BY LOCAL REG. 26. REGISTRAR'S SIGNATURE Hugh E. Williams, California, Missouri Mar / 5/1964 Allen Forbeso	— -/	
Į.	1_1	1	1	(Licensed Embalmer's Statement on Reverse Side)	<u> </u>	

STATEMENT BY LICENSED EMBALMER

or by	, Student Embalmer No
working under my personal supervision.	Pall C. Maga
StudentSignature of Student Embalmer	SignedSigned
	Licensed Embalmer No. 4804
	P. O. Address California, Missouri
with the above constitutes grounds for revocation of	IE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply license).
If embalmed by a STUDENT, he also shall significant in the state of the shall be a state of the	n in his OWN handwriting. so stated above.