

FILED JUL 28 1949

STANDARD CERTIFICATE OF DEATH

State File No. 22762

BIRTH NO. 43326-49 REG. DIST. NO. 53 PRIMARY REG. DIST. NO. 3010 Registrar's No. 235

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

1. PLACE OF DEATH a. COUNTY <u>Cape Girardeau</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Peniscot</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Cape Girardeau</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Wardell</u>	
c. LENGTH OF STAY (In this place) <u>1 Day</u>		78	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) <u>Southeast Mo. Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>Gen. Del.</u>	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)		
a. (First) <u>Michael</u>	b. (Middle) <u>Andrew</u>	c. (Last) <u>Bolen</u>	<u>July 15, 1949</u>		

5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>X</u>	8. DATE OF BIRTH <u>June 10, 1949</u>	9. AGE (In years last birthday)	IF UNDER 1 YEAR	IF UNDER 14 HRS.
				<u>1</u> Months	<u>5</u> Days	Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>X</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>X</u>	11. BIRTHPLACE (State or foreign country) <u>Gideon, Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>W. A. Bolen</u>	13b. MOTHER'S MAIDEN NAME <u>Marie Shaffer</u>	14. NAME OF HUSBAND OR WIFE <u>X</u>
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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>X</u>	17. INFORMANT'S SIGNATURE OR NAME <u>W. A. Bolen</u>	ADDRESS <u>Wardell, Mo.</u>
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>10 days?</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Enteritis, ac.</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<u>15710</u>	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>mf</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>mf</u>	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) m.	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 7-14, 1949 to 7-15, 1949, that I last saw the deceased alive on 7-14, 1949, and that death occurred at 6:25 a.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Chas. J. Herbert, M.D.</u> (Degree or title)	23b. ADDRESS <u>Cape Girardeau, Mo.</u>	23c. DATE SIGNED <u>7/15/49</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>7-15-49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Maple</u>	24d. LOCATION (City, town, or county) (State) <u>Caruthersville, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>7-18-49</u>	REGISTRAR'S SIGNATURE <u>C. C. Summers</u>	44	25. FUNERAL DIRECTOR'S SIGNATURE <u>A. S. Smith</u>	ADDRESS <u>Funeral Home Caruthersville, Mo.</u>
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RECEIVED 7-25-49
District Health Officer No. 4
File Number 749-2
Date

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 _____

Body Was Not Embalmed

Student Embalmer No. _____

working under my personal supervision.

Signed _____

Signed _____
Student Embalmer

Licensed Embalmer No. _____

P. O. Address _____

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.