

FILED FEB 2 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 3531

BIRTH NO. _____		REG. DIST. NO. <u>322</u>		PRIMARY REG. DIST. NO. <u>3071</u>		Registrar's No. <u>3</u>	
1. PLACE OF DEATH a. COUNTY <u>Saline</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Saline</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Slater</u>		c. LENGTH OF STAY (in this place) <u>60 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Slater</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>none</u>				d. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print) <u>Alice</u>		a. (First)		b. (Middle)		c. (Last) <u>Bolling</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 25-1950</u>		5. SEX <u>female</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>	
8. DATE OF BIRTH <u>12/1/1889</u>		9. AGE (In years last birthday) <u>80</u>		IF UNDER 1 YEAR Months		IF UNDER 2 HRS. Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>at home</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>none</u>		11. BIRTHPLACE (State or foreign country) <u>Iowa</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>Issac Briggs</u>		13b. MOTHER'S MAIDEN NAME <u>Polly Hoestter</u>		14. NAME OF HUSBAND OR WIFE <u>widow</u>			
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>none</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Grace Collins, Mendon, Mo.</u>			
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, ashenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic sclerosis of the kidneys</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Renal infection</u> DUE TO (c) <u>Cerebral Hemorrhage</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>10 yrs.</u> <u>Feb 49</u> <u>592X</u>	
19a. DATE OF OPERATION <u>none</u>		19b. MAJOR FINDINGS OF OPERATION <u>none</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>none</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>none</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>none</u>		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 <u>2-78</u> , 19 <u>49</u> , to <u>1-25</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>1-25</u> , 19 <u>50</u> , and that death occurred at <u>8:50 A.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>M. E. Slater, M.D.</u>				23b. ADDRESS <u>Slater, Mo.</u>		23c. DATE SIGNED <u>1-26-50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>1-27-50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Slater, City</u>		24d. LOCATION (City, town, or county) (State) <u>Slater, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>1-28-1950</u>		REGISTRAR'S SIGNATURE <u>Mrs. Earl C. Metz</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Hill Brothers - Slater, Mo.</u>			

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

RECEIVED JAN 31

District Health Officer No. 8,

District File Number

Date Filed 1-21-50

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....
Student Embalmer

Signed

Cary F. Hays, Jr.

Licensed Embalmer No. 14630

P. O. Address Slater, 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.