

FILED MAR 21 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **7897**

0164
0

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

BIRTH NO. _____		REG. DIST. NO. 53		PRIMARY REG. DIST. NO. 3010		Registrar's No. 816	
1. PLACE OF DEATH a. COUNTY Cape Girardeau Mo.				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE Missouri b. COUNTY Cape Girardeau			
b. CITY (If outside corporate limits, write RURAL and give town or township) Cape Girardeau Mo.		c. LENGTH OF STAY (In this place) 30 yrs.		c. CITY (If outside corporate limits, write RURAL and give township) Cape Girardeau Mo.			
d. FULL NAME OF HOSPITAL OR INSTITUTION Family Home So. Sprigg				d. STREET ADDRESS (If rural, give location) So; Sprigg St.			
3. NAME OF DECEASED (Type or Print) a. (First) William		b. (Middle) Frederick		c. (Last) Bolen		4. DATE OF DEATH (Month) (Day) (Year) March 13 1950	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH May 24 1870	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter		10b. KIND OF BUSINESS OR INDUSTRY Self Employed		11. BIRTHPLACE (State or foreign country) Union County Ill		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Gilbert Bolen			13b. MOTHER'S MAIDEN NAME Susie Jolly			14. NAME OF HUSBAND OR WIFE Ida	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. No		17. INFORMANT'S SIGNATURE OR NAME Ida Bolen		ADDRESS Cape Girardeau	
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Hepatitis 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.				INTERVAL BETWEEN ONSET AND DEATH 59 1/2 X	
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) m.		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 Sept 1949 , to March 13, 1950 , that I last saw the deceased alive on Feb 13, 1950 , and that death occurred at 10:4 m. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) A. M. Murphy, M.D.				23b. ADDRESS 314 Broadway Cape Girardeau Mo		23c. DATE SIGNED Feb 17-50	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Mar. 15 1950		24c. NAME OF CEMETERY OR CREMATORY Lorimier Cemetery		24d. LOCATION (City, town, or county) (State) Cape Gir Mo.	
DATE REC'D BY LOCAL REG. 3-17-1950		REGISTRAR'S SIGNATURE C. C. Summers		25. GENERAL DIRECTOR'S SIGNATURE J. C. Howell		ADDRESS Cape Gir Mo	

RECEIVED

MAR 20 1950

DISTRICT HEALTH OFFICE No. 4

File No. 250-402

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

W. H. Estes

Licensed Embalmer No.

3568

P. O. Address

Chap. L. H. Co.

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.