

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

17474

State File No. _____

No. 300
10.48

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

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BIRTH NO. _____		REG. DIST. NO. <u>209</u>		PRIMARY REG. DIST. NO. <u>3043</u>		Registrar's No. <u>173</u>	
1. PLACE OF DEATH a. COUNTY <u>MARION</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>MARION</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>HANNIBAL</u>		c. LENGTH OF STAY (in this place) <u>10 HOURS</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>HANNIBAL</u>		d. STREET ADDRESS (If rural, give location) <u>1002 Lindell Ave</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ST. ELIZABETH HOSP</u>				4. DATE OF DEATH (Month) (Day) (Year) <u>MAY 18 1950</u>			
3. NAME OF DECEASED (First) <u>Robert</u>		(Middle) <u>Paul</u>		(Last) <u>Bolin Jr.</u>		5. SEX <u>MALE</u>	
6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>MARCH 16-1925</u>		9. AGE (In years last birthday) <u>25</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Salesman</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>A-R-B.</u>		11. BIRTHPLACE (State or foreign country) <u>COUNCIL BLUFFS IOWA</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>	
13. FATHER'S NAME <u>Robert P. Bolin, Sr.</u>		13b. MOTHER'S MAIDEN NAME <u>MAUD ERNA MOORE</u>		14. NAME OF HUSBAND OR WIFE <u>MARY MARGRET SMITH BOLIN</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes W W 2</u>		16. SOCIAL SECURITY NO. <u>489-26-8123</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Robert P. Bolin St. Hannibal 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Machine Hemorrhage of heart</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.				INTERVAL BETWEEN ONSET AND DEATH <u>24</u> <u>hr</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, etc.) <u>Highway #30</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>HANNIBAL MARION MO</u>		21f. HOW DID INJURY OCCUR? <u>AUTO ACCIDENT</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>5 17 1950 3:30 AM</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		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 <u>1:30 P.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>D. L. Murphy M.D.</u>		23b. ADDRESS <u>Hannibal, Missouri</u>		23c. DATE SIGNED <u>5/29/50</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>5-20-50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Grandview Burial Park</u>		24d. LOCATION (City, town, or county) (State) <u>HANNIBAL MO</u>	
DATE REC'D BY LOCAL REG. <u>5-24-50</u>		REGISTRAR'S SIGNATURE <u>Dr. E. M. Lucke Deputy</u>		FURNERAL DIRECTOR'S SIGNATURE ADDRESS <u>W. Crawford Smith Hannibal MO</u>			

(Licensed Emballer's Statement on Reverse Side)

RECEIVED JUN 9 1950
MARION CO. HEALTH DEPT.
DATE FILED JUN 9 1950

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 *John S. Ward*

Licensed Embalmer No. *4540*

P. O. Address *Wannabe 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.