

FILED JUL 31 1950

DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

State File No. 23260
 BIRTH NO. 40212 REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 660

1. PLACE OF DEATH a. COUNTY <u>Greene</u> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Springfield</u> c. LENGTH OF STAY (in this place) <u>1 hour</u> d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Springfield City Hospital</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Greene</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Springfield</u> <u>0396</u> d. STREET ADDRESS (If rural, give location) <u>1301 West State Street</u>	
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3. NAME OF DECEASED (Type or Print) a. (First) <u>Hershel</u> b. (Middle) <u>Vincent</u> c. (Last) <u>BOLIN</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>July 24, 1950</u>					
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>July 24, 1950</u>	9. AGE (In years last birthday) <u>0</u>	IF UNDER 1 YEAR (Months) <u>0</u>	IF UNDER 1 YEAR (Days) <u>0</u>	IF UNDER 1 YEAR (Hours) <u>1</u>	IF UNDER 1 YEAR (Min.) <u>1</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>		11. BIRTHPLACE (State or foreign country) <u>Springfield, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		

13a. FATHER'S NAME <u>Herschel Bolin</u>	13b. MOTHER'S MAIDEN NAME <u>Estel Elizabeth Tennis</u>	14. NAME OF HUSBAND OR WIFE <u>none</u>
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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. Cox</u> <u>Springfield, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Congenital atelectasis</u> ANCECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) rise to the above cause (a) stating the underlying cause last. 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>7620</u>
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19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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 July 24, 1950, to July 24, 1950, that I last saw the deceased alive on July 24, 1950, and that death occurred at 1:30 P.M., from the causes and on the date stated above.

22a. SIGNATURE (Degree or title) <u>Edward Marcus T.M.D.,</u>	23b. ADDRESS <u>Springfield, Missouri</u>	23c. DATE SIGNED <u>7/24/1950</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>7/24/1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>McCaulley</u>	24d. LOCATION (City, town, or county) (State) <u>Christian Co. Mo</u>
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DATE REC'D BY LOCAL REG. <u>7-24-50</u>	REGISTRAR'S SIGNATURE <u>W E Handley MD</u>	FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Dann-Ayre-Goodwin, Inc., Springfield, Mo</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

 39/6
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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

not embalmed

Signed _____

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.