

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **33024**

FILED NOV 14 1950

BIRTH NO.		REG. DIST. NO. 77		PRIMARY REG. DIST. NO. 3016		Registrar's No. 247	
1. PLACE OF DEATH a. COUNTY Cole				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Cole			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Jefferson City		c. LENGTH OF STAY (In this place) 70 yrs		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Jefferson City		0264	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Mary's Hospital				d. STREET ADDRESS (If rural, give location) 215 West McCarty Street			
3. NAME OF DECEASED (Type or Print) a. (First) Kathryn b. (Middle) O. c. (Last) Bolton			4. DATE OF DEATH (Month) (Day) (Year) Nov 4 1950				
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow	8. DATE OF BIRTH August-6-1880	9. AGE (In years last birthday) 70	IF UNDER 1 YEAR Months 1	IF UNDER 1 HR. Hours 1	Min. 1
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Housework		11. BIRTHPLACE (State or foreign country) Jefferson City, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Henry W. Kolkmeier		13b. MOTHER'S MAIDEN NAME Cornelia Loudon		14. NAME OF HUSBAND OR WIFE W. Elmo Bolton			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Minnie Kolkmeier, Jefferson City, MO			
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) Essential Hypertension & Lobary pneumonia INTERVAL BETWEEN ONSET AND DEATH 3 days ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertension DUE TO (c) Hypertension Essential II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. o					490X
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)		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 Jan 1, 1946 , to Nov 5, 1950 , that I last saw the deceased alive on Nov 5, 1950 , and that death occurred at 11 p. m. , from the causes and on the date stated above.							
23a. SIGNATURE M. R. Aldridge (Degree or title) MD			23b. ADDRESS Trust Building, Jefferson City, Mo		23c. DATE SIGNED 11/7/50		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Nov-8-1950	24c. NAME OF CEMETERY OR CREMATORY St. Peter's Cemetery		24d. LOCATION (City, town, or county) (State) Jefferson City, Mo			
DATE REC'D BY LOCAL REG. Nov. 7-1950		REGISTRAR'S SIGNATURE R.P. Davis MD-MR.		5. FUNERAL DIRECTOR'S SIGNATURE W. G. G. G. G.		ADDRESS Jefferson City, Mo	

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED 11/13/50

DISTRICT HEALTH OFFICE No. 3

District File Number _____

to Filed 11/18/50

SEP 1 1954

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 _____

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.