

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 7184

BIRTH NO. _____		REG. DIST. NO. 325		PRIMARY REG. DIST. NO. 4478		Registrar's No. 6			
1. PLACE OF DEATH a. COUNTY SCHUYLER				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MO b. COUNTY SCHUYLER					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN LANCASTER				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN LANCASTER 0980					
d. FULL NAME OF HOSPITAL OR INSTITUTION _____				d. STREET ADDRESS (If rural, give location) _____					
3. NAME OF DECEASED (Type or Print) a. (First) RUTH b. (Middle) GALE c. (Last) BOLTON			4. DATE OF DEATH (Month) (Day) (Year) FEB 6, 1951						
5. SEX F W		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH NOV 24, 1881, 69			
9. AGE (In years last birthday) 69		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) OFFICE		11. BIRTHPLACE (State or foreign country) Moulton Iowa		12. CITIZEN OF WHAT COUNTRY? U.S.A.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) OFFICE		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) Moulton Iowa		12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13a. FATHER'S NAME ABRAHAM WELLS		13b. MOTHER'S MAIDEN NAME MARTHA GALE		14. NAME OF HUSBAND OR WIFE JAMES R. BOLTON					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS James R. Bolton Lancaster 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of vagina & inguinal glands 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 176X				19. DATE 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)			
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 Aug 19, 1951, to Feb 5, 1951, that I last saw the deceased alive on Feb 5, 1951, and that death occurred at 5:45 A.M., from the causes and on the date stated above.					
23a. SIGNATURE R.E. Vaughn D.O.		23b. ADDRESS Lancaster, Mo		23c. DATE SIGNED 2/7/51					
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE FEB 8-1951		24c. NAME OF CEMETERY OR CREMATORY ARNT		24d. LOCATION (City, town, or county) (State) LANCASTER MO			
DATE REC'D BY LOCAL REG. Feb 8-51		REGISTRAR'S SIGNATURE [Signature]		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Everett R. Head Lancaster Mo					

(Licensed Embalmer's Statement on Reverse Side)

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

Date Received: FEB 12 1951  
DISTRICT HEALTH OFFICE #2  
District File Number 2-57-  
Date Filed: FEB 16 1951

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

*Everett R. Neal*

Licensed Embalmer No. *4038*

P. O. Address *Lancaster, 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.