

FILED APR 11 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **7720**

BIRTH NO. _____ REG. DIST. NO. 53 PRIMARY REG. DIST. NO. 3010 Registrar's No. 138

164
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WRITE PLAINLY—USING UNFAADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <u>Cape Girardeau</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Pemiscot</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Cape Girardeau</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Wardell 0780</u>	
c. LENGTH OF STAY (In this place) <u>2 Days</u>		d. STREET ADDRESS (If rural, give location) <u>Rural Route 1</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Frances Hosp.</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>OSCAR</u>	b. (Middle)	c. (Last) <u>BOLDEN</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>March 26, 1951</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>Negro</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Feb. 15, 1916</u>	9. AGE (In years last birthday) <u>35</u>	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 YEAR Hours	IF UNDER 1 YEAR Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>X</u>	11. BIRTHPLACE (State or foreign country) <u>Unknown</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Self Bolden</u>	13b. MOTHER'S MAIDEN NAME <u>Lela Johnson</u>	14. NAME OF HUSBAND OR WIFE <u>Gertrude Bolden</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 # <u>493-26-9103</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Gertrude Bolden</u>	ADDRESS <u>R. 1 Wardell, 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, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>MEDICAL CERTIFICATION</u> <u>Gun Shot Wounds of Abdomen & Thigh</u>		INTERVAL BETWEEN ONSET AND DEATH <u>64110</u> <u>10</u> <u>11</u>
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	

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) <u>Accident</u>	21b. PLACE OF INJURY (e.g. in or about home, farm, factory, street, office building, etc.) <u>Wardell Mo</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Wardell Pemiscot Mo</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>3-25-51</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>WAS SHOT (Accident?)</u>
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22. I hereby certify that I attended the deceased from 3-25, 1951, to 3-26, 1951, that I last saw the deceased alive on 3/25, 1951, and that death occurred at 12:54 m., from the causes and on the date stated above.

23a. SIGNATURE <u>C. O. Summers</u>	(Degree or title)	23b. ADDRESS <u>Cape Girardeau Mo</u>	23c. DATE SIGNED <u>3/21/51</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>4-1-51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>St. Paul</u>	24d. LOCATION (City, town, or county) (State) <u>Wardell, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>4-1-1951</u>	REGISTRAR'S SIGNATURE <u>C. O. Summers</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Jimmy Osburn</u>	ADDRESS <u>Funeral Home Wardell, Mo.</u>
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RECEIVED

APR 9 1951

DISTRICT HEALTH OFFICE No. 6

File No.....

MAR 10 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.....

Student Embalmer No.

working under my personal supervision.

Signed *James A. Cabern*

Signed.....
Student Embalmer

Licensed Embalmer No. 4185

P. O. Address Wardell, 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.