

FILED AUG 31 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 27708

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 239 PRIMARY REG. DIST. NO. 4356 Registrar's No. 13

1. PLACE OF DEATH a. COUNTY <u>New Madrid</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo Missouri</u> b. COUNTY <u>New Madrid</u>	
b. CITY (if outside corporate limits, write RURAL and give township) OR TOWN <u>Parma</u>		c. CITY (if outside corporate limits, write RURAL and give township) OR TOWN <u>Parma</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>None</u>		d. STREET ADDRESS (If rural, give location) <u>0</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>William</u> b. (Middle) <u>Henry</u> c. (Last) <u>Bolton</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Aug. 15, 1951</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>March 3, 1873</u>
9. AGE (In years last birthday) <u>78</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Blacksmith</u>	11. BIRTHPLACE (State or foreign country) <u>Tenn.</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Blacksmith</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Blacksmith</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
13a. FATHER'S NAME <u>James Bolton</u>		13b. MOTHER'S MAIDEN NAME <u>Sarafine Andrews</u>	14. NAME OF HUSBAND OR WIFE <u>Flora Bolton</u>
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>1</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Flora Bolton Parma 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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</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.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>331X</u>	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) (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 <u>Aug 14, 1951</u> , to <u>Aug 15, 1951</u> , that I last saw the deceased alive on <u>Aug 14, 1951</u> , and that death occurred at <u>11 9</u> m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Dr. Geo. W. Husted MD</u>		23b. ADDRESS <u>Parma Mo</u>	23c. DATE SIGNED <u>Aug 25/51</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Aug. 17, 51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Parma</u>
24d. LOCATION (City, town, or county) (State) <u>Parma, Missouri</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Walter J. J. Sauer Parma Mo</u>	
DATE REC'D BY LOCAL REG. <u>Aug 25/51</u>		REGISTRAR'S SIGNATURE <u>Dr. Geo. W. Husted</u>	

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

0720

RECEIVED

AUG 30 1951

DISTRICT HEALTH OFFICE No. 6

File No.....

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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

Signed *Walter Marsh Waters* .....

Licensed Embalmer No. *4717* .....

P. O. Address *Deer Run* .....

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.