

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **16330**

6. 300  
0. 48

FILED JUN 13 1952

BIRTH NO. 35632 REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 2460

1. PLACE OF DEATH a. COUNTY <b>Jackson</b> <u>0</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b> <u>3798</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Kansas City</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Infant (newly born) Kansas City</b>	
c. LENGTH OF STAY (In this place) <b>40 min.</b>		d. STREET ADDRESS (If rural, give location) <b>4102 East 60th Street</b> <u>79</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Lukes Hospital</b>			

3. NAME OF DECEASED (Type or Print) <b>Infant Bolin</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>5 30 1952</b>	
a. (First)	b. (Middle)	c. (Last)	

5. SEX <b>Fe. /</b>	6. COLOR OR RACE <b>Wh</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>XXX</b>	8. DATE OF BIRTH <b>May 30, 1952</b>	9. AGE (In years last birthday) <b>1</b>	IF UNDER 1 YEAR Months <b>0</b> Days <b>0</b>	IF UNDER 24 HRS. Hours <b>1</b> Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>XXXX</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>XXXX</b>	11. BIRTHPLACE (State or foreign country) <b>Kansas City, Missouri</b> <u>0</u>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>
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13a. FATHER'S NAME <b>Lee Bolin</b>	13b. MOTHER'S MAIDEN NAME <b>Clara B. White</b>	14. NAME OF HUSBAND OR WIFE <b>XXXX</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>XXX</b>	16. SOCIAL SECURITY NO. <b>XXX</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Lee Bolin</b>	ADDRESS <b>4102 East 60th St</b>
(If yes, give war or dates of service) <b>XXXX</b>			

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, asthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>underdeveloped lung</b>		INTERVAL BETWEEN ONSET AND DEATH  <b>5604</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Diaphragmatic hernia</b> DUE TO (c) <b>Autopsy by Dr. Shafer</b>		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION <b>5/31/1952</b>	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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)
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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?
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22. I hereby certify that I attended the deceased from 5/30, 1952, to 5/30/, 1952, that I last saw the deceased alive on 5/30, 1952, and that death occurred at 3:40 p.m., from the causes and on the date stated above.

23a. SIGNATURE <b>Edwin C. White</b> (Print name) <b>Edwin C. White MD</b> (Signature)	23b. ADDRESS <b>Prof Bldg</b>	23c. DATE SIGNED <b>5/31/52</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>5/31/1952</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Forest Hill</b>	24d. LOCATION (City, town, or county) (State) <b>Kansas City Missouri</b>
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DATE REC'D BY LOCAL REG. <b>5-31-52</b>	REGISTRAR'S SIGNATURE <b>Geraldine Holmes</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Bentley Mortuary</b>	ADDRESS <b>5811 Troost E.C. Mo.</b>
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(Licensed Embalmer's Statement on Reverse Side)

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

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.....

*not embalmed*

working under my personal supervision.

Student Embalmer No.....

Signed.....

Signed.....  
Student Embalmer

Licensed Embalmer No.....

P. O. Address.....

Note: <sup>3</sup>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.