No. 300
10.48

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 27043

FILED SEP 3 - 1952

BIRTH NO. ____ REG. DIST. NO. 4 PRIMARY REG. DIST. NO. 50 x 6 Registrar's No. 71

1. PLACE OF DEATH
a. COUNTY Atchison 0030 1
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rural - Clark
c. LENGTH OF STAY (In this place) 34
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY Atchison
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rural - Clark 0030 0
d. STREET ADDRESS (If rural, give location) 3½ NE. of Fairfax

3. NAME OF DECEASED (Type or Print)
a. (First) Guy
b. (Middle) Olin
c. (Last) Bolton

4. DATE OF DEATH (Month) (Day) (Year) Aug 25, 1952

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, ~~NEVER MARRIED~~, ~~WIDOWED, DIVORCED~~ (Specify) Married
8. DATE OF BIRTH Oct 13, 1898
9. AGE (In years last birthday) 53-10-13 IF UNDER 1 YEAR: Months 0 Days ___ IF UNDER 24 HRS.: Hours ___ Min. ___

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer
10b. KIND OF BUSINESS OR INDUSTRY Own farm
11. BIRTHPLACE (State or foreign country) Chuckey, Tenn
12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME Joe Bolton
13b. MOTHER'S MAIDEN NAME Cardie Guire
14. NAME OF HUSBAND OR WIFE Mrs Fay Bolton

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT'S SIGNATURE OR NAME Mrs Fae Bolton
ADDRESS Fairfax 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, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 15 min

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Coronary arteris - sclerosis — 5 yrs
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 4201
20. AUTOPSY? YES ☐ NO ☐

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 8-25, 195x, *to* ____, 19____, *that I last saw the deceased alive on* 8-25, 195x, *and that death occurred at* 5:00 Am., *from the causes and on the date stated above.*

23a. SIGNATURE James L. Coffey **(Degree or title)** MD
23b. ADDRESS Stanfor, Mo.
23c. DATE SIGNED 8/25/52

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE Aug 27, 1952
24c. NAME OF CEMETERY ~~OR CREMATORY~~ Pleasant Ridge
24d. LOCATION (City, town, or county) Fairfax (State) Mo.

DATE REC'D BY LOCAL REG. Aug 30, 1952
REGISTRAR'S SIGNATURE Marvin H. Schooler 443-C
25. FUNERAL DIRECTOR'S SIGNATURE Schooler Funeral Home
ADDRESS Fairfax Mo

(Licensed Embalmer's Statement on Reverse Side)

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 Marvin H. Schooler

Licensed Embalmer No. 4162

P. O. Address Fairfax, Minn.

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.