

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **653**

FILED JAN 15 1953

BIRTH NO. 127 REG. DIST. NO. 68 PRIMARY REG. DIST. NO. 5267 Registrar's No. 40

5220

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

1. PLACE OF DEATH a. COUNTY <u>Christian</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MO.</u> b. COUNTY <u>Christian</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural, North Galloway</u>		c. LENGTH OF STAY (In this place) <u>34 Yrs.</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural, North Galloway</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Christian Co.</u>			d. STREET ADDRESS (If rural, give location) <u>Christian Co.</u>		

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Verna</u>	b. (Middle) <u>J.</u>	c. (Last) <u>Bolin</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 5, 1953</u>
-------------------------------------	-------------------------	-----------------------	------------------------	---

5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>April 19, 1896</u>	9. AGE (In years last birthday) <u>56</u>	IF UNDER 1 YEAR Months <u></u> Days <u></u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
--------------------	-------------------------------	---	--	---	---	---

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u></u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
---	---	--	--

13a. FATHER'S NAME <u>Sam Bolin</u>	13b. MOTHER'S MAIDEN NAME <u>Laura Carstein</u>	14. NAME OF HUSBAND OR WIFE <u>Mrs. Dorssie Bolin</u>
-------------------------------------	---	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>yes</u>	16. SOCIAL SECURITY NO. <u></u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Dorssie Bolin</u>	ADDRESS <u>Highlandville, 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		INTERVAL BETWEEN ONSET AND DEATH <u>1 year</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of the rectum</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u></u> DUE TO (c) <u>154 X</u>		
II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION <u>Nov. '52</u>	19b. MAJOR FINDINGS OF OPERATION. <u>Inoperable Carcinoma of rectum with bowel obstruction</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
--	--	--

21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u></u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u></u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u></u>
--	--	---

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u></u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u></u>
---	--	------------------------------------

22. I hereby certify that I attended the deceased from March 24, 1952, to Jan. 5, 1953, that I last saw the deceased alive on Dec 6, 1952, and that death occurred at 8:10 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>Horace Rich Love, Jr.</u> (Degree or title) <u>M.D.</u>	23b. ADDRESS <u>Medical Arts Bldg. Springfield</u>	23c. DATE SIGNED <u>1/9/53</u>
---	--	--------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Jan. 7, 1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Highlandville Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Christian, Missouri</u>
---	-------------------------------	--	--

DATE REC'D BY LOCAL REG. <u>Jan. 12-1953</u>	REGISTRAR'S SIGNATURE <u>Letta Leonard</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>T. B. Chaffin</u>	ADDRESS <u>Ozark, Mo.</u>
--	--	---	---------------------------

(Licensed Embalmer's Statement on Reverse Side)

JAN 22 1953

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 F. B. Chaffin

Licensed Embalmer No. 2192

P. O. Address Ozark, 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.