S. No. 300
v. 10.48

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

FILED JAN 23 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 669

BIRTH NO. _____ REG. DIST. NO. 71 PRIMARY REG. DIST. NO. 3012 Registrar's No. 3

1. PLACE OF DEATH
a. COUNTY: CLAY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): EXCELSIOR SPRINGS
c. LENGTH OF STAY (in this place): 3 WEEKS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): EXCELSIOR SPRINGS HOSP.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: SHELBY
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): SHELBINA 1026
d. STREET ADDRESS (If rural, give location): NONE 1

3. NAME OF DECEASED (Type or Print)
a. (First): LOUISA
b. (Middle): BOLING
c. (Last):

4. DATE OF DEATH (Month) (Day) (Year): JAN. 10, 1953

5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): WIDOWED
8. DATE OF BIRTH: NOV. 17, 1877
9. AGE (In years last birthday): 75 — If under 1 year: Months 1, Days 24 — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSE WIFE
10b. KIND OF BUSINESS OR INDUSTRY: none
11. BIRTHPLACE (City and State or Foreign Country): LENTNER, MO
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: CHRISS KUHNE
13b. MOTHER'S MAIDEN NAME: SOPHIA SCHWIETER
14. NAME OF HUSBAND OR WIFE: PAUL BOLING (DEC)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO. (If yes, give war or dates of service): NO.
16. SOCIAL SECURITY NO.: NO.
17. INFORMANT'S SIGNATURE OR NAME: Mrs. Ted Selway, ADDRESS: 516 Regent, Ex Sp. Mo

18. CAUSE OF DEATH — MEDICAL CERTIFICATION

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): Uremia — INTERVAL BETWEEN ONSET AND DEATH: 4 days

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b): Chronic nephritis

DUE TO (c): Arthritis rheumatoid — 12 yrs

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: 592X
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 Jan, 1953, *to* 10 Jan, 1953, *that I last saw the deceased alive on* 10 Jan, 1953, *and that death occurred at* 3:00 P. m., *from the causes and on the date stated above.*

23a. SIGNATURE: George E. Sanders (Degree or title) MD
23b. ADDRESS: Excelsior Springs Mo
23c. DATE SIGNED: 1-14-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: Jan. 10/53
24c. NAME OF CEMETERY OR CREMATORY: SHELBINA CEMETERY
24d. LOCATION (City, town, or county) (State): SHELBINA, MO.

DATE REC'D BY LOCAL REG.: 1-15-53
REGISTRAR'S SIGNATURE: Caroline Hutchings
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: HOPE FUNERAL HOME by Virgil Hope, Excelsior Springs, MO

(Licensed Embalmer's Statement on Reverse Side)

JAN 28 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 Earl Ralph

Licensed Embalmer No. 3458

P. O. Address Excelsior Springs, 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.