

FILED FEB 16 1953 STANDARD CERTIFICATE OF DEATH

State File No. 3000

BIRTH NO. REG. DIST. NO. 137 PRIMARY REG. DIST. NO. 5517 Registrar's No. 546

1. PLACE OF DEATH a. COUNTY <u>HENRY</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>CLAY</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>TEKE TWP</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>EXCELSIOR SPRINGS Mo</u>	
c. LENGTH OF STAY (in this place) <u>2 years</u>		d. STREET ADDRESS (If rural, give location) <u>6002</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Clinton Mo RR 2</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>PETER</u> b. (Middle) <u>X</u> c. (Last) <u>Bolin</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>FEB 10 1953</u>		
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWER</u>	8. DATE OF BIRTH <u>5/25/1868</u>	9. AGE (In years last birthday) <u>84</u>	10. IF UNDER 1 YEAR Months Days Hours Mins.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RETIRED RAIL WORKER</u>			11. BIRTHPLACE (State or foreign country) <u>Indiana Jasper Co</u>		
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>					

13a. FATHER'S NAME <u>Don't know</u>		13b. MOTHER'S MAIDEN NAME <u>Don't know</u>		14. NAME OF HUSBAND OR WIFE <u>Anna Bolin</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>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Harold Keesler</u>	
				ADDRESS <u>Clinton 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, asphyxia, 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>		INTERVAL BETWEEN ONSET AND DEATH <u>immediate</u>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertension</u> DUE TO (c) <u>Arteriosclerosis</u>		2 years. 3 years	
		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)		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 June 1952 to Feb 8, 1953, that I last saw the deceased alive on Jan 5, 1953 and that death occurred at 2:30 AM, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Dr. R. D. Hallinger M.D.</u>		23b. ADDRESS <u>Clinton Mo</u>		23c. DATE SIGNED <u>2/10/53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>SALEM Mo</u>		24b. DATE <u>2/12/53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>SALEM CEM</u>	
24d. LOCATION (City, town, or county) (State) <u>NEAR INDEPENDENCE Mo</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>J. E. Conner</u>		ADDRESS <u>Clinton Mo</u>	
DATE REC'D BY LOCAL REG <u>Feb 12 - 53</u>		REGISTRAR'S SIGNATURE <u>Florence Adams</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

APR 21 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

J. E. Lonsdale

Licensed Embalmer No. *1891*

P. O. Address *Clinton, 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.