

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

29152

State File No.

FILED AUG 17 1953

BIRTH NO. _____ REG. DIST. NO. 169 PRIMARY REG. DIST. NO. 5622 Registrar's No. 61

1. PLACE OF DEATH a. COUNTY <u>Knox</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Knox</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>6 Mi. N. W. Knox City, Mo</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>6 Mi. N. W. Knox City, Mo</u>	
c. LENGTH OF STAY (In this place) <u>1 yr</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>residence</u>		d. STREET ADDRESS (If rural, give location) <u>0520</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Delphine</u>	b. (Middle) <u>none</u>	c. (Last) <u>Boltz</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Aug. 8 1953</u>
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5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Oct. 18, 1866</u>	9. AGE (In years last birthday) <u>86</u>	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 24 HRS. Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <u>Brown County, Ohio</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Joseph Birgee</u>	13b. MOTHER'S MAIDEN NAME <u>Mary Storrer</u>	14. NAME OF HUSBAND OR WIFE <u>John Riley Boltz</u>
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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. Russell Arment</u>	ADDRESS <u>Knox City, Mo</u>
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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		INTERVAL BETWEEN ONSET AND DEATH <u>6 hrs</u> <u>4 years</u> <u>4 "</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</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>Myocarditis</u>		
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>443X</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 Aug 7, 1953, to Aug 8, 1953, that I last saw the deceased alive on Aug 7, 1953, and that death occurred at 3:55 A. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>H. J. Phillips D.O.</u>	23b. ADDRESS <u>Knox City, Mo</u>	23c. DATE SIGNED <u>8/8/53</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	24b. DATE <u>August 10 1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Knox City cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Knox City Missouri</u>
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DATE REC'D BY LOCAL REG. <u>Aug 10-53</u>	REGISTRAR'S SIGNATURE <u>Helle S. Humalt</u>	51	25. FUNERAL DIRECTOR'S SIGNATURE <u>A. H. Rimmer</u>	ADDRESS <u>Elina, Mo</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10-48

520

0520

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 *Mrs J. W. Hudson*

Licensed Embalmer No. *2972*

P. O. Address *Edina 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.