No. 300
10.48

600
0

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 29270

FILED AUG 24 1953

BIRTH NO. _____ REG. DIST. NO. 195 PRIMARY REG. DIST. NO. 4308 Registrar's No. 66

1. PLACE OF DEATH
a. COUNTY McDonald
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Noel
c. LENGTH OF STAY (In this place) 70 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Fountian Clinic

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE Missouri
b. COUNTY McDonald
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Noel 600 0
d. STREET ADDRESS (If rural, give location) Rural 0

3. NAME OF DECEASED (Type or Print)
a. (First) Robert
b. (Middle) E.
c. (Last) Bolin

4. DATE OF DEATH (Month) (Day) (Year) 8-3-53

5. SEX Male

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) W. M.

8. DATE OF BIRTH Sept. 6, 1871

9. AGE (In years last birthday) 81
IF UNDER 1 YEAR: Months 10 Days 27
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 Farm

11. BIRTHPLACE (State or foreign country) Tenn.

12. CITIZEN OF WHAT COUNTRY? U.S.

13a. FATHER'S NAME Unknown

13b. MOTHER'S MAIDEN NAME Unknown

14. NAME OF HUSBAND OR WIFE None

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No
(If yes, give war or dates of service) None

16. SOCIAL SECURITY NO. None

17. INFORMANT'S SIGNATURE OR NAME Bill Brown
ADDRESS Noel 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) Intestinal Obstruction — INTERVAL BETWEEN ONSET AND DEATH: 3 weeks

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Carcinoma (Sigmoid)
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 153X

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* _____, 1948, *to* _____, 19____, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE D. D. Fountain (Degree or title) D.D.

23b. ADDRESS Noel Mo

23c. DATE SIGNED Aug 20 53

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE 8-7-53

24c. NAME OF CEMETERY OR CREMATORY Petty Cemetery

24d. LOCATION (City, town, or county) Noel Mo (State)

DATE REC'D BY LOCAL REG. 8-20-53

REGISTRAR'S SIGNATURE Mayne Humphrey

25. FUNERAL DIRECTOR'S SIGNATURE F. M. Humphrey
ADDRESS Noel 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 F. M. Humphrey Jr.

Licensed Embalmer No. 4708

P. O. Address Noel, 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.