

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

29414

State File No.

FILED SEP 4 - 1953

BIRTH NO. _____ REG. DIST. NO. 246 PRIMARY REG. DIST. NO. 2001 Registrar's No. 8

1. PLACE OF DEATH a. COUNTY <u>NEWTON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>BARTON</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>JOPLIN</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>BURGESS</u>	
c. LENGTH OF STAY (In this place) <u>5 WEEKS</u>		d. STREET ADDRESS (If rural, give location) <u>2060</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>3612 OAK RIDGE DRIVE</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>WILLIAM</u> b. (Middle) <u>ALBERT</u> c. (Last) <u>BOLTON</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>AUG. 6, 1953</u>		
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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 21, 1871</u>	9. AGE (In years last birthday) <u>82</u> <small>of UNDER 1 YEAR Months Days IF UNDER 12 HRS. Min.</small>
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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>OWN FARM</u>	11. BIRTHPLACE (State or foreign country) <u>INDIANA</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>DAVID BOLTON</u>	13b. MOTHER'S MAIDEN NAME <u>MAGGIE MORRIS</u>	14. NAME OF HUSBAND OR WIFE <u>CLARA MARGARET BOLTON</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>CLARA MARGARET BOLTON, BURGESS, MO.</u>	ADDRESS
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>1 year</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of the Mandible</u>		
	ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	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) <u>196 X</u>
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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?
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22. I hereby certify that I attended the deceased from August 4, 1953, to August 4, 1953, that I last saw the deceased alive on August 4, 1953, and that death occurred at 11:10a.m., from the causes and on the date stated above.

23a. SIGNATURE <i>[Signature]</i> (Degree or title) <u>MD.</u>	23b. ADDRESS <u>321 Frisco Building, Joplin, Mo.</u>	23c. DATE SIGNED <u>8-10-53</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>	24b. DATE <u>8-6-53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>ROSE BANK</u>	24d. LOCATION (City, town, or county) (State) <u>MULBERRY, KANSAS</u>
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DATE REC'D BY LOCAL REG. <u>8-12-53</u>	REGISTRAR'S SIGNATURE <i>[Signature]</i>	25. FUNERAL DIRECTOR'S SIGNATURE <u>MONTANYE FUNERAL HOME, MULBERRY, KAN.</u>	ADDRESS
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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

135

RECEIVED

NEWTON COUNTY HEALTH UNIT

District Health Officer No. _____

District File Number 953-164

Date Filed SEP 3 1953

NEOSHO, MISSOURI

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 _____

working under my personal supervision.

Student Embalmer No.

Signed _____

Jack Parker

Signed.....

Student Embalmer

Licensed Embalmer No. 4938

P. O. Address Joplin, 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.