

15441

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

No. 300  
10.48

FILED JUN 10 1954

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 118 PRIMARY REG. DIST. NO. 4186 Registrar's No. 27

1. PLACE OF DEATH a. COUNTY <u>Franklin</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>FRANKLIN</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Sullivan</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>SULLIVAN</u>	
c. LENGTH OF STAY (In this place) <u>2 HRS.</u>		d. STREET ADDRESS (If rural, give location) <u>INFANT.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>NORTHSIDE HOSPITAL</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>BBBY</u> b. (Middle) <u>-</u> c. (Last) <u>BOLIN</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>JUNE 1, 1954</u>		
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>INFANT</u>	8. DATE OF BIRTH <u>JUNE 1, 1954</u>		9. AGE (In years last birthday) <u>-</u> If UNDER 1 YEAR Months <u>-</u> Days <u>-</u> If UNDER 12 HRS. Hours <u>2</u> Min. <u>-</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>INFANT</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>INFANT</u>	11. BIRTHPLACE (State or foreign country) <u>SULLIVAN, MO.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>

13a. FATHER'S NAME <u>ALFRED BOLIN</u>	13b. MOTHER'S MAIDEN NAME <u>DORTHY MARIE DIXON</u>	14. NAME OF HUSBAND OR WIFE <u>INFANT</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 ADDRESS <u>ALFRED BOLIN SULLIVAN, 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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Atelctasi</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Prematurity 5 1/2 months Pregnancy</u> DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			INTERVAL BETWEEN ONSET AND DEATH <u>2 hours</u>
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19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? <u>7625</u> 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) <u>7625</u>		
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?		

22. I hereby certify that I attended the deceased from June 1, 1954, to June 1, 1954, that I last saw the deceased alive on June 1, 1954, and that death occurred at 8:20 A.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>M. N. Peterson</u>		23b. ADDRESS <u>40 1/2 N. Clark St. Sullivan Mo.</u>		23c. DATE SIGNED <u>June 2, 1954</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>6/2/54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>BUFFALO CEMETERY SULLIVAN, MO.</u>	24d. LOCATION (City, town, or county) (State) <u>SULLIVAN, MO.</u>		
DATE REC'D BY LOCAL REG. <u>6/2/54</u>	REGISTRAR'S SIGNATURE <u>Thomas A. Dempsey</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Wm. Eaton Sullivan, Mo.</u>		

(Licensed Embalmer's Statement on Reverse Side)

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

*Premature birth no embalming was done.*

**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.....

Licensed Embalmer No. ....

P. O. Address.....

**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.