

TILL JUN 25 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

18128

BIRTH NO. _____ REG. DIST. NO. 43 PRIMARY REG. DIST. NO. 5141 State File No. 361
Registrar's No. _____

1. PLACE OF DEATH
a. COUNTY Butler
b. CITY (If outside corporate limits, give RURAL and give LENGTH OF OR TOWN Quilin Gillis Bluff 1 1/2 m. TOWN Bluff STATE Mo.)
d. FULL NAME OF HOSPITAL OR INSTITUTION Home, Quilin, Missouri

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY Butler
c. CITY OR TOWN Quilin
d. Is Residence within limits of a city or incorporated town? Yes No
e. STREET ADDRESS (If rural, give location) Route 1

3. NAME OF DECEASED
a. (First) ZACHARRIAH b. (Middle) A. c. (Last) BOLEN
(Type or Print)

4. DATE OF DEATH (Month) (Day) (Year) June 2 1954
5. SEX Male 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH July 19 1889 9. AGE (In years last birthday) 64 IF UNDER 1 YEAR Months 10 Days 13 IF UNDER 24 HRS. Hours 13 Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming 10b. KIND OF BUSINESS OR INDUSTRY _____
11. BIRTHPLACE (City and State or Foreign Country) Indiana 12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Allen Böhen 13b. MOTHER'S MAIDEN NAME Mary Harnesfize 14. NAME OF HUSBAND OR WIFE Gertrude Bolen

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) _____
16. SOCIAL SECURITY NO. None 17. INFORMANT'S SIGNATURE OR NAME Son, DeWayne Bolen, Quilin, Missouri ADDRESS _____

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, ashenia, etc. It means the disease, injury, or complication which caused death.
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) traumatism by fire
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (c) _____
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. E 9160 16

19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION _____ 20. AUTOPSY? YES NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Farm Home 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Gillis Bluff Twp. Butler Mo
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) June 2 - 1954 10 a.m. 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? Home Burned

22. I hereby certify that I attended the deceased from _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 1:00 A. to M. _____, 19____, from the causes and on the date stated above.

23a. SIGNATURE Grover A. Phelps (Degree or title) _____ 23b. ADDRESS Coronet Pool at Bluff Mo 23c. DATE SIGNED June 11 - 54

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE June 3 1954 24c. NAME OF CEMETERY OR CREMATORY Quilin Cemetery 24d. LOCATION (City, town, or county) (State) Quilin, Missouri

DATE REC'D BY LOCAL OFF. 6/12/54 REGISTRAR'S SIGNATURE R H M... 487 25. FUNERAL DIRECTOR'S SIGNATURE Landess Funeral Home, Campbell, Mo. ADDRESS _____

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

RECEIVED
JUN 21 1954
BUTLER CO. HEALTH CENTER
FILE NO. _____

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: *(Not Embalmed)*

Student.....
Signature of 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 embalmed by a **STUDENT**, he also shall sign in his **OWN** handwriting.
If this body is not embalmed, fact should be so stated above.