

FILED AUG 26 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **29644**BIRTH NO. _____ REG. DIST. NO. **362** PRIMARY REG. DIST. NO. **4531** Registrar's No. **62**

1. PLACE OF DEATH a. COUNTY Warren		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Warren	
b. CITY (If outside corporate limits, write RURAL and give township) Warrenton		c. CITY OR TOWN Warrenton	
c. LENGTH OF STAY (in this place) 7 yrs.		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION 307 South 47 St.		No. STREET ADDRESS (If rural, give location) 307 South 47 St. 1090	
3. NAME OF DECEASED (Type or Print) a. (First) Clinton b. (Middle) Aydelott c. (Last) Bolton		4. DATE OF DEATH (Month) (Day) (Year) Aug. 8, 1954	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH May 20, 1891
9. AGE (In years last birthday) 62		IF UNDER 1 YEAR Months 2 Days 18	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Delivery man		10b. KIND OF BUSINESS OR INDUSTRY Retail Lumber	11. BIRTHPLACE (City and State or Foreign Country) Warren County, Missouri
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME William W. Bolton	
13b. MOTHER'S MAIDEN NAME Lena Aydelott		14. NAME OF HUSBAND OR WIFE Caroline Wehrman	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. 496-32-1762	
17. INFORMANT'S SIGNATURE OR NAME Mrs. Clinton Bolton, Warrenton, Mo.		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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlusion route INTERVAL BETWEEN ONSET AND DEATH 2 h. ANTECEDENT CAUSES DUE TO (b) Arteriosclerosis heart DUE TO (c) Stroke 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 4200	
20. AUTOPSY? 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)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)		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 8-8-54 , 19 54 , to 8-8-54 , 19 54 , that I last saw the deceased alive on 8-8-54 , 19 54 , and that death occurred at 6 a. m. , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) Donald H. Hatcher		23b. ADDRESS Warrenton, Mo.	
23c. DATE SIGNED 8-12-54			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 8-12-54	
24c. NAME OF CEMETERY OR CREMATORY City Cemetery		24d. LOCATION (City, town, or county) (State) Warrenton, Mo.	
DATE REC'D BY LOCAL REG. 8-13-54		REGISTRAR'S SIGNATURE Floyd Hogan 4210	
25. FUNERAL DIRECTOR'S SIGNATURE F. W. Nieburg & Co., Warrenton, Mo.		ADDRESS	

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

SEP 10 19

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.....
Signature of Student Embalmer

Signed *John E. Verbeiger*
Licensed Embalmer No. *444*

P. O. Address *Warrent*

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.