

FILED JAN 10 1955

STANDARD CERTIFICATE OF DEATH

State File No. 41339

BIRTH NO. _____ REG. DIST. NO. 146 PRIMARY REG. DIST. NO. 3026 Registrar's No. 507

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Independence</u>		c. CITY OR TOWN <u>Independence</u>	
c. LENGTH OF STAY (in this place) <u>26 yrs.</u>		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 <u>Indep. Sanatorium</u>		STREET ADDRESS (If rural, give location) <u>400 Eubank</u> <u>7005</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>William Frederick</u> b. (Middle) <u>Bolinger</u> c. (Last) <u>Bolinger</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 25, 1954</u>		
5. SEX <u>Male</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	
8. DATE OF BIRTH <u>Sept 1, 1888</u>		9. AGE (in years last birthday) <u>66</u>		10. IF UNDER 1 YEAR: Months <u> </u> Days <u> </u>	
11. IF UNDER 24 HRS. Hours <u> </u> Min. <u> </u>		10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <u>Clerk</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Postal</u>	
11. BIRTHPLACE (City and State; Foreign Country) <u>Effingham, Kansas</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>			
13a. FATHER'S NAME <u>William Bolinger</u>		13b. MOTHER'S MAIDEN NAME <u>Anna Peters</u>		14. NAME OF HUSBAND OR WIFE <u>Polly Amy Bolinger</u>	

15. WAS DECEASED EVER IN U.S. ARMY OR FORCES? (Year or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u> </u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mr. W. F. Bolinger - indep. 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		19. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis (postmort)</u> (embolic)		INTERVAL BETWEEN ONSET AND DEATH <u>12 hrs</u>	

19. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Old Myocardial Infarction 4 year</u> DUE TO (c) <u>Organized mural thrombus</u> <u>Coronary Arteriosclerosis years</u>		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	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		<u>4201</u>	

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)		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 12/25, 1954, to 12/25, 1954, that I last saw the deceased alive on 12/25, 1954, and that death occurred at 1:20 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Shas G. ...</u>		23b. ADDRESS <u>Independence, Mo.</u>		23c. DATE SIGNED <u>12/26/54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Dec. 28, 1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mound Grove</u>	
24d. LOCATION (City, town, or county) (State) <u>Independence, Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Roland K. Speaks</u>			
DATE REC'D BY LOCAL REG. <u>12-28-54</u>		REGISTRAR'S SIGNATURE <u>Gene ...</u>		ADDRESS <u>Indep. mo</u>	

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

(Discard Embellished 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.....
Signature of Student Embalmer

Signed *Raymond M. Hardy*.....

Licensed Embalmer No. *491*.....

P. O. Address *Indy, Ind.*.....

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.