

FILED DEC 27 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH.

State File No. **42051**

BIRTH NO. ~~277~~ REG. DIST. NO. 299 PRIMARY REG. DIST. NO. 6027 Registrar's No. 38

1. PLACE OF DEATH a. COUNTY <u>Reynolds</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Reynolds</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Reynolds</u>		c. CITY OR TOWN <u>Reynolds</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) <u>26 Yrs</u>		e. STREET ADDRESS (If rural, give location) <u>0900</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Own Home</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Lonzo Jasper</u>	b. (Middle) <u>Bolin</u>	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) <u>Dec 5 1954</u>
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5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Jan 6 1870</u>	9. AGE (In years last birthday) <u>84</u>	10 UNDER 1 YEAR <u>10</u>	11 UNDER 1 MIN. <u>29</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>-</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Willis Bolin</u>	13b. MOTHER'S MAIDEN NAME <u>-</u>	14. NAME OF HUSBAND OR WIFE <u>Bertha Bolin</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No or unknown) <u>No</u>	16. SOCIAL SECURITY NO. (If yes, state year or dates of service) <u>No</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Bertha Bolin</u>	ADDRESS <u>Reynolds, Mo</u>
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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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Enteritis</u>		<u>6 hr</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Anemia</u> DUE TO (c)		<u>Scantily</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 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)
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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 Nov 1, 1954, to Dec 5, 1954, that I last saw the deceased alive on Dec 1, 1954, and that death occurred at 1:35 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>E. M. Subpatro M.D.</u>	23b. ADDRESS <u>Pesterville MO</u>	23c. DATE SIGNED <u>12/16/54</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Dec 6, 54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Reynolds</u>	24d. LOCATION (City, town, or county) (State) <u>Reynolds, Mo</u>
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DATE RECD BY LOCAL REG. <u>12/15/54</u>	REGISTRAR'S SIGNATURE <u>E. M. Subpatro</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Chas S. Smith</u>	ADDRESS <u>Ellington Mo</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

900
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Received 12-20-54

Reynolds County Health

File No. 1254 - 5

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 *Chas S. Smith*.....

Licensed Embalmer No. 457.....

P. O. Address *Ellington, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.