

FILED JAN 28 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **1075**
93

BIRTH NO. _____ REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002** Registrar's No. _____

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY JACKSON	
b. CITY (If outside corporate limits, write RURAL and give township) KANSAS CITY	c. LENGTH OF STAY (in this place) 35 YEARS	c. CITY OR TOWN KANSAS CITY	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 ROOSEVELT HOTEL - LINWOOD TRACY		STREET ADDRESS (If rural, give location) 628 ROOSEVELT HOTEL - LINWOOD TRACY	

3. NAME OF DECEASED (Type or Print) a. (First) REUBEN REUBEN b. (Middle) THOMAS c. (Last) BOLITHO		4. DATE OF DEATH (Month) (Day) (Year) JANUARY 4, 1955	
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH JAN. 17, 1898
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED STEEL WORKER		10b. KIND OF BUSINESS OR INDUSTRY SHEFFIELD STEEL	9. AGE (In years last birthday) 56 IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 12 HRS.: Hours _____ Mins. _____
11a. BIRTHPLACE (City and State or Foreign Country) NEVADAVILLE, COLORADO		12. CITIZEN OF WHAT COUNTRY? U. S. A.	

13a. FATHER'S NAME JOHN BOLITHO	13b. MOTHER'S MAIDEN NAME KATHERYNE NOY	14. NAME OF HUSBAND OR WIFE MARGARET BOLITHO	
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. 487-05-4324A	17. INFORMANT'S SIGNATURE OR NAME MRS. JOHN J. DE HOBEN
		ADDRESS 7902 MADISON, K.C.M.O.	

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, asthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Infarction		INTERVAL BETWEEN ONSET AND DEATH 4201
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertension		
	DUE TO (c) Arteriosclerosis		
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 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)	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 **1945**, 19____, to **1-4**, 19**55**, that I last saw the deceased alive on **1-4**, 19**55**, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE H. F. Gramms	(Degree or title)	23b. ADDRESS 1102 E 47th St.	23c. DATE SIGNED 1-5-55
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE JAN. 8, 1955	24c. NAME OF CEMETERY OR CREMATORY MT. WASHINGTON Cem.	24d. LOCATION (City, town, or county) (State) KANSAS CITY MISSOURI

DATE REC'D BY LOCAL REG. 1-8-55	REGISTRAR'S SIGNATURE Neva Marshall	25. GENERAL DIRECTOR'S SIGNATURE D. J. Newcomer	ADDRESS 1331 BRUSH CREEK KANSAS CITY, MISSOURI
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.....
Bollie Kessel

Licensed Embalmer No. *469*

P. O. Address *K.C. 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.