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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

21653

State File No.

FILED AUG 1 - 1955

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| BIRTH NO. | | REG. DIST. NO. <u>98</u> | | PRIMARY REG. DIST. NO. <u>5379</u> | | Registrar's No. <u>74</u> | |
| 1. PLACE OF DEATH a. COUNTY <u>Daviess</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Daviess</u> b. COUNTY <u>Daviess</u> | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Union Township</u> | | c. LENGTH OF STAY (in this place) <u>8 Mos.</u> | | c. CITY <u>Rural</u> OR TOWN <u>Grand River Twp.</u> | | d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Daviess Co. Rest Home</u> | | | | STREET ADDRESS (If rural, give location) <u>3 Miles West Jameson, Mo.</u> | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Harley</u> | | b. (Middle) <u>Franklin</u> | | c. (Last) <u>Bolar</u> | | 4. DATE OF DEATH (Month) (Day) (Year) <u>July 10 1955</u> | |
| 5. SEX <u>Male</u> | | 6. COLOR OR RACE <u>White</u> | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u> | | 8. DATE OF BIRTH <u>Nov. 29 1875</u> | |
| 9. AGE (In years last birthday) <u>79</u> | | IF UNDER 1 YEAR Months <u> </u> Days <u> </u> | | IF UNDER 4 HRS. Hours <u> </u> Min. <u> </u> | | | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Farm Owner</u> | | 11. BIRTHPLACE (City and State or Foreign Country) <u>Daviess Co. Missouri</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> | |
| 13a. FATHER'S NAME <u>Benjamin Franklin Bolar</u> | | | 13b. MOTHER'S MAIDEN NAME <u>(Unknown)</u> | | | 14. NAME OF HUSBAND OR WIFE <u>Mary Ann Bolar (Dec'd)</u> | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> | | 16. SOCIAL SECURITY NO. <u>None</u> | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Grover Hoyle, Jameson, Missouri</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, asthenia, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u> ANTECEDENT CAUSES DUE TO (b) <u>arterial sclerosis</u> DUE TO (c) <u>Hypertension & Chronic Nephritis 2 yrs</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Prostatic & pyloric infection</u> | | | | INTERVAL BETWEEN ONSET AND DEATH <u>10 days</u> <u>5 yrs</u> | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION <u>331X</u> | | | | 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) (Min.) | | 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 <u>May 1957</u> , to <u>July 10, 1955</u> , that I last saw the deceased alive on <u>July 9, 1955</u> , and that death occurred at <u>4:20 P.M.</u> , from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE (Degree or title) <u>Harley H. Gallatin M.D.</u> | | | | 23b. ADDRESS <u>Gallatin, Mo.</u> | | 23c. DATE SIGNED <u>7-13-55</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>7-12-1955</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Brown Cemetery</u> | | 24d. LOCATION (City, town, or county) (State) <u>Gallatin, Missouri</u> | |
| DATE REC'D BY LOCAL REG. <u>7-18-55</u> | | REGISTRAR'S SIGNATURE <u>Virginia M. Engelhart</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>L. O. ...</u> | | ADDRESS <u>Hope Funeral Home, Gallatin, Mo.</u> | |

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 emb

by me, or by, Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed .....

Licensed Embalmer No. 33

P. O. Address Gallatin

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F 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.