

5. No. 300  
v. 10.48

FILED AUG 15 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **24452**

0681

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 224 PRIMARY REG. DIST. NO. 3046 Registrar's No. 55

1. PLACE OF DEATH a. COUNTY <u>Moniteau</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death.) a. STATE <u>Missouri</u> b. COUNTY <u>Moniteau</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>California Walker</u>		c. CITY OR TOWN <u>Russellville</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		e. STREET ADDRESS (If rural, give location) <u>0680</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>PHILLIP</u> b. (Middle) <u>HERMAN</u> c. (Last) <u>BOLDEN</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>July 21 1956</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Feb-23-1872</u>
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) <u>84</u> # UNDER 1 YEAR <u>4</u> # UNDER 1 MONTH <u>28</u> # UNDER 1 HOUR
11. BIRTHPLACE (City and State or Foreign Country) <u>Lohman Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Edgar Bolden</u>		13b. MOTHER'S MAIDEN NAME <u>Nout Thum</u>	
14. NAME OF HUSBAND OR WIFE <u>Margaret Jane Bolden</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>No</u>	
16. SOCIAL SECURITY NO. <u>No</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Margaret Jane Bolden</u> ADDRESS <u>California 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Tuberculosis</u> INTERVAL BETWEEN ONSET AND DEATH <u>4+ years</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ 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"/>		<u>008X</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) <u>California, Moniteau Mo</u>		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>1-30</u> , 19 <u>53</u> to <u>7-20</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>7-20</u> , 19 <u>56</u> , and that death occurred at <u>6:25pm.</u> from the causes and on the date stated above.			
23a. SIGNATURE <u>R. B. Oulbe, M.D.</u> (Degree or title)		23b. ADDRESS <u>California, Mo</u>	
23c. DATE SIGNED <u>8-8-56</u>		24a. BURIAL, CREMATION, OR REMOVAL (Specify)	
24b. DATE <u>7-24-1956</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Catholic Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>California Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Hugh E Williams</u> ADDRESS <u>California Mo</u>	
DATE RECD BY LOCAL REG <u>8/9/56</u>		REGISTRAR'S SIGNATURE <u>H. L. Papezoy</u>	

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

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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 *Hugh E. Williams*.....

Licensed Embalmer No. *3537*.....

P. O. Address *California*.....

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.