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FILED SEP 24 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

31234

State File No.

BIRTH NO. _____ REG. DIST. NO. 174 PRIMARY REG. DIST. NO. 3035 Registrar's No. 77

1. PLACE OF DEATH a. COUNTY <u>Lafayette</u>		2. USUAL RESIDENCE (Where deceased lived. Institution: residence before admission.) a. STATE <u>Missouri</u> b. COUNTY <u>Lafayette</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Lexington</u>		c. CITY OR TOWN <u>Lexington</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>201 S. 25th</u>		e. STREET ADDRESS (If rural, give location) <u>201 S. 25th.</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>VELVIA</u> b. (Middle) <u>BOLDRIDGE</u> c. (Last) <u>BOLDRIDGE</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>July 19, 1956</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>Negro</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>	8. DATE OF BIRTH <u>August 11, 1885</u>
9. AGE (In years last birthday) <u>70</u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Housekeeper</u>
11. BIRTHPLACE (City and State or Foreign Country) <u>Lexington Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Wesley Perkins</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Perkins</u>	
14. NAME OF HUSBAND OR WIFE _____		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>	
16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Ms. Florida Miranda</u> ADDRESS <u>276 Bancroft St.</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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>renal insufficiency</u> ANTECEDENT CAUSES DUE TO (b) <u>terminal broncho pneumonia</u> DUE TO (c) <u>generalized carcinomatosis</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
INTERVAL BETWEEN ONSET AND DEATH <u>4 days</u> <u>1 week</u> <u>1 year</u>		19a. DATE OF OPERATION _____	
19b. MAJOR FINDINGS OF OPERATION _____		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) _____	
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 1, 1956</u> , to <u>July 11, 1956</u> , that I last saw the deceased alive on <u>July 11, 1956</u> , and that death occurred at <u>9 AM</u> m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Ralph W Riley M.D.</u>		23b. ADDRESS <u>Lexington</u>	
23c. DATE SIGNED <u>7-23-56</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>July 22, 1956</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Forest Green</u>	
24d. LOCATION (City, town, or county) (State) <u>Lexington Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>George E. Burns</u> ADDRESS <u>Marshall, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>9-3-56</u>		REGISTRAR'S SIGNATURE <u>Wm. E. Eastman</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 *George H. Green*.....

Licensed Embalmer No. *4222*

P. O. Address *Maunabo*

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.