

THE DIVISION OF HEALTH OF MASSACHUSETTS
STANDARD CERTIFICATE OF DEATH

State File No. 32837

FILED SEP 27 1956

BIRTH NO. _____		REG. DIST. NO. <u>325</u>		PRIMARY REG. DIST. NO. <u>4478</u>		Registrar's No. <u>18</u>	
1. PLACE OF DEATH a. COUNTY <u>Schuyler</u> b. CITY (If outside corporate limits, write RURAL and give town) <u>LANCASTER MA</u> c. LENGTH OF STAY (in this place) <u>MA</u> d. FULL NAME OF (If not in hospital or institution, give street address or location) <u>Home</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MA</u> b. COUNTY <u>Schuyler</u> c. CITY OR TOWN <u>LANCASTER</u> d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☒ e. STREET ADDRESS (If rural, give location) <u>0980</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>JAMES</u> b. (Middle) <u>GIFFORD</u> c. (Last) <u>BOLTON</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>SEP 22 1956</u>		5. SEX <u>M</u>		6. COLOR OR RACE <u>W</u>	
7. MARRIED-NEVER-MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>		8. DATE OF BIRTH <u>SEPT 13 1871</u>		9. AGE (In years last birthday) <u>85</u>		10. IF UNDER 1 YEAR Months <u>0</u> Days <u>9</u> Hours <u>0</u> Min. <u>0</u>	
11. BIRTHPLACE (City and State or Foreign Country) <u>Mercer County ILL</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>SAMUEL J Bolton</u>		13b. MOTHER'S MAIDEN NAME <u>SARAH BRIDGES</u>	
14. NAME OF HUSBAND OR WIFE <u>Ruth Bolton Deceased</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>498-36-6997</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Elin Bolton Lancaster MA</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, asphyxia, etc. It means the disease, injury, or complication which caused death. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH <u>Central Nervous System</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis</u> DUE TO (c) _____ 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>270</u> <u>670</u>		19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES ☐ NO ☒		21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>X</u>		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 ☐ NOT WHILE AT WORK ☐		21f. HOW DID INJURY OCCUR?		22. I hereby certify that I attended the deceased from <u>9/21/56</u> , to <u>9/22/56</u> , that I last saw the deceased alive on <u>9/21/56</u> , and that death occurred at <u>12 PM</u> , from the causes and on the date stated above.	
23a. SIGNATURE (Degree or title) <u>Elin Bolton</u>		23b. ADDRESS <u>Lancaster MA</u>		23c. DATE SIGNED <u>9/23/56</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>SEP 23-56</u>		24c. NAME OF CEMETERY OR CREMATORY <u>ARN Memorial</u>		24d. LOCATION (City, town, or county) (State) <u>LANCASTER MA</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Norman Lancaster MA</u>	
DATE REC'D BY LOCAL REG. <u>9.23.56</u>		REGISTRAR'S SIGNATURE <u>W. H. Deane</u>		ADDRESS <u>Lancaster MA</u>		(Licensed Embalmer's Statement on Reverse Side)	

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

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SEP 28 1956

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.....

Novel E. Foster

Licensed Embalmer No. *4742*

P. O. Address *Kuksville,*

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.