

STANDARD CERTIFICATE OF DEATH

State File No. **4169**

FILED FEB 19 1957

BIRTH NO. _____ REG. DIST. NO. **98** PRIMARY REG. DIST. NO. **4164** Registrar's No. **33**

1. PLACE OF DEATH a. COUNTY DAVIESS		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). -a- STATE MO	
b. CITY (If outside corporate limits, write RURAL and give town) ALTAMONT		b. COUNTY DAVIESS	
c. LENGTH OF STAY (in this place) 2 1/2		c. CITY OR TOWN ALTAMONT	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
f. STREET ADDRESS		(If rural, give location)	

3. NAME OF DECEASED (Type or Print) SHELA PEARL BOLTZ	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) JAN 24-1957
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5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH SEPT-3-1878	9. AGE (In years last birthday) 78	IF UNDER 1 YEAR Month 5 Day 21	IF UNDER 24 HRS. Hours 5 Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSE WORK	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) IOWA	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME L.C. WILLIAMS	13b. MOTHER'S MAIDEN NAME NARDA NAWELS	14. NAME OF HUSBAND OR WIFE ROY BOLTZ
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. X	17. INFORMANT'S SIGNATURE OR NAME Miss E. J. Miller	ADDRESS 2351 Harrison Ave. Winston Mo.
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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) Cerebral hemorrhage		INTERVAL BETWEEN ONSET AND DEATH 4 days
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertension		
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"/>
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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) 331X
21d. TIME OF INJURY. (Month) (Day) (Year) (Hour) m.	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 **Jan 21, 1957**, to **Jan 24, 1957**, that I last saw the deceased alive on **Jan 24, 1957**, and that death occurred at **10:30** m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Fred K. Wilson MD	23b. ADDRESS Winston Mo	23c. DATE SIGNED Jan 26-57
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 1-27-57	24c. NAME OF CEMETERY OR CREMATORY MT AVER	24d. LOCATION (City, town, or county) (State) ALTAMONT MO
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DATE REC'D BY LOCAL REG. 2-15-57	REGISTRAR'S SIGNATURE Virginia M Engelhart	25. FUNERAL DIRECTOR'S SIGNATURE Kate Strang	ADDRESS Winston MO
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WRITE PLAINLY—USING UNFAADING 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 *L. O. Dickerson*.....

Licensed Embalmer No. *330*.....

P. O. Address *Delaware*.....

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.