

FILED JUN 24 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH757 0 22236  
State File No.

BIRTH NO. _____		REG. DIST. NO. <u>310</u>		PRIMARY REG. DIST. NO. <u>3058</u>		Registrar's No. <u>157</u>			
1. PLACE OF DEATH a. COUNTY <u>Saint Charles</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Charles</u>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Saint Charles</u>				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural-St. Charles twsp.</u>					
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Jefferson St. Nursing Home</u>				d. STREET ADDRESS (If rural, give location) <u>R. R. # 1</u> <u>0920</u>					
3. NAME OF DECEASED (Type or Print) <u>Mary</u>			a. (First) <u>Bolin</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>June 16, 1957</u>			
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>June 21, 1872</u>			
9. AGE (In years last birthday) <u>84</u>		IF UNDER 1 YEAR (Months) <u>11</u>		IF UNDER 24 HRS. (Hours) <u>25</u>		IF UNDER 24 HRS. (Min.)			
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>OWN</u>			11. BIRTHPLACE (State or foreign country) <u>Madison Co., Ark.</u>			
12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>			13a. FATHER'S NAME <u>William Lytle</u>		13b. MOTHER'S MAIDEN NAME <u>Nancy Ford</u>		14. NAME OF HUSBAND OR WIFE <u>Francis Bolin</u>		
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>Letha Geeding, Briscoe, Mo.</u>			ADDRESS	
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>Arteriosclerotic Heart Disease</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>15 years</u> <u>20 years</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION  <u>4200</u>						20. AUTOPSY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
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>March 19, 1957</u> , to <u>June 16, 1957</u> , that I last saw the deceased alive on <u>June 14, 1957</u> , and that death occurred at <u>4:00 p.m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE <u> Eugene J. Conry</u> (Degree or title) <u>M.D.</u>				23b. ADDRESS <u>St. Charles, Mo.</u>			23c. DATE SIGNED <u>June 17, 1957.</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>June 19, 1957</u>		24c. NAME OF CEMETERY OR CREMATORY <u>St. Peter's Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Saint Charles, Mo.</u>			
DATE REC'D BY LOCAL REG. <u>June 17-57</u>			REGISTRAR'S SIGNATURE <u>Marceea Wilson</u>			25. FUNERAL DIRECTOR'S SIGNATURE <u>W.C. Dellmeyer</u> ADDRESS <u>St. Charles, Mo.</u>			

**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 .....

Student (Embalmer) .....

Signed

*Frank R. Amalony*

Licensed Embalmer, No. 4832

P. O. Address: St. Charles, Mo.

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 this body is not embalmed, fact should be so stated above.