

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

157 0 277 34  
State File No.

FILED AUG 26 1957

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 58 PRIMARY REG. DIST. NO. 4087 Registrar's No. 21

1. PLACE OF DEATH a. COUNTY <b>CARTER</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MO</b> b. COUNTY <b>CARTER</b>	
b. CITY OR TOWN <b>RURAL - PIKE TWP</b>	c. LENGTH OF STAY (in this place) <b>40 YRS</b>	c. CITY OR TOWN <b>VAN BUREN</b>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Rt. 1, VAN BUREN</b>		e. STREET ADDRESS (If rural, give location) <b>Rt. 1, VAN BUREN 0180</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>JOHN</b> b. (Middle) <b>William</b> c. (Last) <b>BOLEN</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Aug 9 1957</b>		
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	8. DATE OF BIRTH <b>NOV 18, 1869</b>	9. AGE (In years last birthday) <b>87</b>	10. UNDER 1 YEAR Months <b>8</b> Days <b>21</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>FARMER</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>FARMING</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>SHANNON County MO</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	

13a. FATHER'S NAME <b>JOHN BOLEN</b>	13b. MOTHER'S MAIDEN NAME <b>JOHNSON</b>	14. NAME OF HUSBAND OR WIFE <b>LENA BOLEN</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>	16. SOCIAL SECURITY NO. <b>[check]</b>	17. INFORMANT'S SIGNATURE OR NAME <b>LENA BOLEN VAN BUREN MO</b>	ADDRESS <b>[check]</b>
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <b>6 mo.</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Acute Circulatory Failure</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Carcinoma of liver</b> DUE TO (c) <b>&amp; Senility</b>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>1561</b>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
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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)
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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?
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22. I hereby certify that I attended the deceased from **May 17, 1957** to **Aug. 9, 1957**, that I last saw the deceased alive on **Aug. 9, 1957**, and that death occurred at **7:15 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Frank J. Pucinski, D.O.</b>	23b. ADDRESS <b>Van Buren, Mo.</b>	23c. DATE SIGNED <b>8-15-57</b>
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24a. BURIAL, CREMATION, REMOVAL <b>BURIAL</b>	24b. DATE <b>8/11/57</b>	24c. NAME OF CEMETERY OR CREMATORY <b>VAN BUREN</b>	24d. LOCATION (City, town, or county) (State) <b>VAN BUREN, MO.</b>
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DATE REC'D BY LOCAL REG. <b>Aug. 19-57</b>	REGISTRAR'S SIGNATURE <b>Mrs. Oeta Henson</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Claman M. [unclear]</b>	ADDRESS <b>Van Buren</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

AUG 22 1954

CARTER COMMUNITY  
HEALTH CENTER

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 *Allen C. McGowan*

Licensed Embalmer No. *454*

P. O. Address *Van Buren*

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.