

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-001893

STATE FILE NUMBER

FILED JAN 12 1959 Registration District No. 169 Primary Registration District No. 4262 Registrar's No. 71

1. PLACE OF DEATH a. COUNTY Knox		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY Knox	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Knox City		c. CITY OR TOWN Knox City 0520	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION residence		d. STREET ADDRESS (If outside, give location) residence	
3. NAME OF DECEASED (Type or print) First MARY Middle ELSIE Last BOLTZ		4. DATE OF DEATH Month Jan Day 4 Year 1959	
5. SEX F	6. COLOR OR RACE W	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Dec 19, 1881
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) homekeeper		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Knox County Mo
13a. FATHER'S NAME William Killen		13b. MOTHER'S MAIDEN NAME Eliza Hubble	14. NAME OF HUSBAND OR WIFE Melvin J. Boltz
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. none	17. INFORMANT Mrs. John Pulse Address Stronghurst, Ill.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Chronic Myocarditis DUE TO (b) Arterio Sclerosis DUE TO (c) Glaucoma R. Eye - PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Glaucoma R. Eye -			INTERVAL BETWEEN ONSET AND DEATH 10 yrs
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour 5:30 Month, Day, Year Nov 20 1957		20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION Knox City, Mo	
21. I attended the deceased from Nov 20 1957 to Jan 4, 1959 and last saw her alive on Jan 3, 1959 Death occurred at 5:30 P.M. on the date stated above; and to the best of my knowledge, from the causes stated.			22. DATE SIGNED 1/5/59
22a. SIGNATURE Hudson B. Brown MD (Degree or title)		22b. ADDRESS Knox City, Mo	
23a. BURIAL, CREMATION, REMOVAL (Specify) burial		23b. DATE 7 Jan '59	
23c. NAME OF CEMETERY OR CREMATORY Knox City Cemetery		23d. LOCATION (City, town, or county) Knox City, Mo	
24. FUNERAL DIRECTOR AB Rimer Edina, Mo Hudson Funeral Home.		25. DATE RECD. BY LOCAL REG. Jan. 9-1959	
26. REGISTRAR'S SIGNATURE John S. Hunst			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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 *AG Rimer*

Licensed Embalmer No. *504*

P. O. Address *Edina, Minn.*

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.