No. 300
10.48

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-008361
State File No.

FILED MAR 27 1959

BIRTH NO. _____ REG. DIST. NO. 27 PRIMARY REG. DIST. NO. 3005 Registrar's No. 36

1. PLACE OF DEATH
a. COUNTY: Bates
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Butler
c. LENGTH OF STAY (in this place): 11yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Res. of John Hedger

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Missouri
b. COUNTY: Bates
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Butler
d. STREET ADDRESS (If rural, give location): Res. of John Hedger

3. NAME OF DECEASED (Type or Print)
a. (First): Mary
b. (Middle): –
c. (Last): Lofton

4. DATE OF DEATH (Month) (Day) (Year): Mar. 15 1959

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widowed 2
8. DATE OF BIRTH: Feb. 21, 1910
9. AGE (In years last birthday): 49
If under 1 year: Months: 0 Days: 24
If under 24 hrs.: Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife
10b. KIND OF BUSINESS OR INDUSTRY: homemaker
11. BIRTHPLACE (City and State or Foreign Country): Fulton, Kansas
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: George Melvin Bolling
13b. MOTHER'S MAIDEN NAME: Alice Grace Sanders
14. NAME OF HUSBAND OR WIFE: Herbert G. Lofton (decea[illegible])

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service): none
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S SIGNATURE OR NAME / ADDRESS: R.T. Bolling, Bronson, Kansas

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.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary thrombosis — Interval between onset and death: 48 hrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Metastatic Carcinoma of Left Lung — 9 mo
DUE TO (c) Carcinoma of Left breast (Breast was removed June 1958) — 1½ yrs

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: 170X
20. AUTOPSY? YES ☐ 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) m.
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* Oct 27, 1958, *to* Mar 15, 1959, *that I last saw the deceased alive on* Mar. 15, 1959, *and that death occurred at* 2:57 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): D. S. Colson DO
23b. ADDRESS: Adrian, Mo
23c. DATE SIGNED: 3/30/1959

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 3/17/1959
24c. NAME OF CEMETERY OR CREMATORY: Evergreen Cemetery
24d. LOCATION (City, town, or county) (State): Fort Scott Kansas

DATE REC'D BY LOCAL REG. Mar. 25-59
REGISTRAR'S SIGNATURE: Randall Kenny
25. FUNERAL DIRECTOR'S SIGNATURE / ADDRESS: W. E. Konantz Fort Scott, Kansas

(Licensed Embalmer's Statement on Reverse Side)

APR 3 '59

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 _____

Licensed Embalmer No. 2080

P. O. Address Box 283, Fort Scott, K

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.