

REGISTRATION DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-000644

FILED VS FEB 15 1960

STATE FILE NUMBER

Registration District No. 59 Primary Registration District No. \_\_\_\_\_ Registrar's No. 32

|  |  |   |  |   |  |  |  |
|--|--|---|--|---|--|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Cass</u>   |  |   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <u>Missouri</u> b. COUNTY <u>Cass</u> |  |  |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <u>Belton</u>   |  |   | Length of stay in 1b<br><u>7 yrs.</u>                |   | c. CITY OR TOWN <u>Belton</u>  |  | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION<br><u>812 N. Scott</u>   |  |   |  | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  |  | d. STREET ADDRESS (If outside, give location)<br><u>812 N. Scott</u> |  |
| 3. NAME OF DECEASED (Type or print)<br>First Middle Last<br><u>James Campbell Bolin</u>  |  |   |  | 4. DATE OF DEATH<br>Month Day Year<br><u>2-2-60</u>   |  |  |  |
| 5. SEX<br><u>Male</u>  | 6. COLOR OR RACE<br><u>White</u>       | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH<br><u>4/14/1899</u>                 | 9. AGE (last birthday)<br><u>60</u>   | IF UNDER 1 YEAR<br>Months Days   | IF UNDER 24 HR<br>Hours Min.   |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>Physion</u>  |  |   | 10b. KIND OF BUSINESS OR INDUSTRY<br><u>Ostepath</u> |   | 11. BIRTHPLACE (City and state or country)<br><u>Chattanooga Tenn.</u>   |  | 12. CITIZEN OF WHAT COUNTRY<br><u>U S A</u>  |
| 13a. FATHER'S NAME<br><u>E.W. Bolin</u>  |  |   | 13b. MOTHER'S MAIDEN NAME<br><u>HILDA REED</u>       |   |  | 14. NAME OF HUSBAND OR WIFE<br><u>Hazel Bolin</u>                    |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES?<br>(Yes, no, or unknown) (If yes, give war or dates of service)<br><u>Yes WW#1</u>   |  |   | 16. SOCIAL SECURITY NO.<br><u>495-44-2692</u>        |   | 17. INFORMANT<br>Address <u>NO 4 E.108 Terr. Kansas City MO.</u><br><u>Dr. James Bolin Jr.</u>   |  |  |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <u>Conjestic Heart failure</u>   |  |   |  |   |  |  | INTERVAL BETWEEN ONSET AND DEATH<br><u>1-28-60</u>                                   |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.<br>DUE TO (b) <u>Mitral Stenosis</u>  |  |   |  |   |  |  | <u>2-2-60</u>  |
| DUE TO (c) <u>Emphysema</u>  |  |   |  |   |  |  |  |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)  |  |   |  |   | PART III. If deceased was female was there a pregnancy in last 90 days.<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |  |  |
| 19. WAS AUTOPSY PERFORMED?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>  | 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<br>Hour a.m. p.m.<br>Month, Day, Year  |  |   |  |   |  |  |  |
| 20d. INJURY OCCURRED WHILE AT WORK <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  |  | COUNTY   | STATE  |
| 21. I attended the deceased from <u>1-28-60</u> to <u>2-2-60</u> and last saw him <u>her</u> alive on <u>2-2-60</u><br>Death occurred at <u>1:50 P.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated. |  |   |  |   |  |  |  |
| 22a. SIGNATURE (Degree or title)<br><u>James C Bolin Jr. MD</u>  |  |   |  | 22b. ADDRESS<br><u>1001 SCARR TT - 818 GRAND - KC. MO.</u>  |  |  | 22c. DATE SIGNED<br><u>2-2-60</u>  |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>Removal</u>  | 23b. DATE<br><u>2-4-60</u>             | 23c. NAME OF CEMETERY OR CREMATORY<br><u>Chattanooga Memorial Gardens</u>   |  | 23d. LOCATION (City, town, or county)<br><u>Chattanooga Tenn.</u>   |  | (State)  |  |
| 24. FUNERAL DIRECTOR<br><u>E. K. George &amp; Sons</u>   |  |   | ADDRESS<br><u>Belton Missouri</u>                    | 25. DATE RECD. BY LOCAL REG.<br><u>2-2-60</u>   | 26. REGISTRAR'S SIGNATURE<br><u>Mrs. Kay Sebee</u>   |  |  |

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

FEB 29 1960

FEB 15 1960

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed

*Richard E. George*

Licensed Embalmer No. 3958

P. O. Address Bellamy

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to do so 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.