

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-007345

FILED FEB 29 1960

Registration District No. 227 Primary Registration District No. 4339 Registrar's No. 8 STATE FILE NUMBER

INDEXED

1. PLACE OF DEATH a. COUNTY <u>MONROE</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MO</u> b. COUNTY <u>MONROE</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>PARIS</u>		c. CITY OR TOWN <u>PARIS</u>	
Length of stay in 1b <u>26 YEARS</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>FOX ST.</u>		d. STREET ADDRESS (If outside, give location) <u>FOX ST.</u>	
		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First <u>GEORGE</u> Middle <u>A.</u> Last <u>BOLDEN</u>			4. DATE OF DEATH Month <u>FEB.</u> Day <u>24</u> Year <u>1960</u>			
5. SEX <u>M</u>	6. COLOR OR RACE <u>NEGRO</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>3/21/1891</u>	9. AGE (last birthday) <u>68</u>	IF UNDER 1 YEAR Months <u>11</u> Days <u>3</u> Hours <u>-</u> Min. <u>-</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>GENERAL TRUCKING.</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>PRAYAGE</u>		11. BIRTHPLACE (City and state or country) <u>MO.</u>		
13a. FATHER'S NAME <u>NELSON BOLDEN</u>		13b. MOTHER'S MAIDEN NAME <u>BETTY DAVIS</u>		14. NAME OF HUSBAND OR WIFE <u>BEULAH BOLDEN</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>488-12-043X</u>		17. INFORMANT <u>BEULAH BOLDEN</u> Address <u>PARIS, MO.</u>		

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cardiac decompensation - acute</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1-11-60</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>acute & chronic Nephritis.</u>		
DUE TO (c)		

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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
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19. WAS AUTOPSY PERFORMED? 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 Hour <u>11:15</u> a.m. <u>11:15</u> p.m.	Month, Day, Year <u>1-11-60</u>		
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 1-11-60 to 2-24-60 and last saw him alive on FEB. 24, 1960
Death occurred at 11:15 P.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <u>Nellis L Christman MD</u>		22b. ADDRESS <u>PARIS, MO.</u>		22c. DATE SIGNED <u>2/25/60</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	23b. DATE <u>FEB 28, 1960</u>	23c. NAME OF CEMETERY OR CREMATORY <u>PLEASANT HILL</u>	23d. LOCATION (City, town, or county) (State) <u>5 MI. E. OF PARIS, MO.</u>	
24. FUNERAL DIRECTOR <u>E.H. AGNEW</u> ADDRESS <u>PARIS, MO.</u>	25. DATE RECD. BY LOCAL REG. <u>2-26-60</u>	26. REGISTRAR'S SIGNATURE <u>F.A. Barnes MD</u>		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

APR 22 1960

MAR 2

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 E. McGrew

Licensed Embalmer No. 4000

P. O. Address Paris, Ill.

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.