

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-018888

FILED VS JUN 15 1960

Registration District No. 107 Primary Registration District No. 3019 Registrar's No. 119

STATE FILE NUMBER

| | | | | | |
|--|---|---|---|---|--|
| 1. PLACE OF DEATH a. COUNTY Dunklin | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. COUNTY New Madrid | | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kennett | | Length of stay in lb | c. CITY OR TOWN Parma Mo. | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Fresnell Hospital | | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |
| 3. NAME OF DECEASED (Type or print) First Florence Middle Bolin Last Bolin | | | 4. DATE OF DEATH Month June Day 7th Year 1960 | | |
| 5. SEX Female | 6. COLOR OR RACE White | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH 4-26-1898 | 9. AGE (last birthday) 62 IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min. | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housekeeper | | 10b. KIND OF BUSINESS OR INDUSTRY At Home | | 11. BIRTHPLACE (City and state or country) Caruthersville Mo. | |
| 12. CITIZEN OF WHAT COUNTRY U.S.A. | | 13a. FATHER'S NAME Nathaniel Marshall | | 13b. MOTHER'S MAIDEN NAME Lillie Drake | |
| 14. NAME OF HUSBAND OR WIFE Luther Bolin | | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No. | | 16. SOCIAL SECURITY NO. Unknown | |
| 17. INFORMANT Luther Bolin | | Address Parma Mo. | | | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Thrombosis DUE TO (b) DUE TO (c) Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. | | | | | INTERVAL BETWEEN ONSET AND DEATH |
| 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 checked="" type="checkbox"/> No <input type="checkbox"/> Unknown | |
| 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 <input type="checkbox"/> a.m. <input type="checkbox"/> p.m. | 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 5-3-60 to 6-7-60 and last saw her alive on 6-7-60 Death occurred at 1:30 P.m. on the date stated above, and to the best of my knowledge, from the causes stated. | | | | | |
| 22. SIGNATURE (Degree or title) H.C. Wilson, M.D. | | | 22b. ADDRESS Kennett Mo. | | 22c. DATE SIGNED 6/10/60 |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 23b. DATE 6-9-1960 | 23c. NAME OF CEMETERY OR CREMATORY Horner Cemetery | | 23d. LOCATION (City, town, or county) (State) Hornersville Mo. | |
| 24. FUNERAL DIRECTOR Lentz Service | | ADDRESS Kennett Mo. | | 25. DATE RECD. BY LOCAL REG. 6-11-1960 | 26. REGISTRAR'S SIGNATURE Earl Thompson |

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

JUN 17 1960

STATEMENT BY LICENSED EMBALMER

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 Edgar L. ...

Licensed Embalmer No. 4433

P. O. Address Kennett Mo.

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