

DEPARTMENT OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-035560

ED VS
ENDED

OCT 10 1960

230

Primary Registration District No. 5810

Registrar's No. 13

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Montgomery				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Cole				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Centertown		Length of stay in 1b 1 Day		c. CITY OR TOWN Centertown		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION near Bluffton, Mo				d. STREET ADDRESS (If outside, give location) General Delivery		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First Delphan Middle Marion Last Bolin				4. DATE OF DEATH Month October Day 3 Year 1960				
5. SEX MALE		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 June 20 1944		
9. AGE (last birthday) 20		IF UNDER 1 YEAR Months 0 Days 0		IF UNDER 24 HR Hours 0 Min. 0				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) CONSTRUCTION WORKER			10b. KIND OF BUSINESS OR INDUSTRY RIVER WORK		11. BIRTHPLACE (City and state or country) MISSOURI		12. CITIZEN OF WHAT COUNTRY U.S.	
13a. FATHER'S NAME CHARLES MARION BOLIN			13b. MOTHER'S MAIDEN NAME VELMA MARTIN			14. NAME OF HUSBAND OR WIFE PEGIE 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. 442-44-8705		17. INFORMANT Address FRANCIS BOLIN, CALIFORNIA 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) Broken neck & crushed internally DUE TO (b) being crushed by high Lick He was operating in Bluffton Mo Rock Quarry 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 type="checkbox"/> No <input type="checkbox"/> Unknown		
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input checked="" 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 6 PM		Hour 6 PM Month 10 Day 3 Year 60		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" 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 _____, to _____ and last saw her/him alive on _____ Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE (Degree or title) F. J. Ball Coroner.				22b. ADDRESS Jonesburg, Missouri.		22c. DATE SIGNED 10-3-60		
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE 10/6/60		23c. NAME OF CEMETERY OR CREMATORY CITY CEMETERY		23d. LOCATION (City, town, or county) (State) CALIFORNIA MO		
24. FUNERAL DIRECTOR DOW LYN FUNERAL HOME			ADDRESS CALIFORNIA		25. DATE RECD. BY LOCAL REG. OCT. 6 1960		26. REGISTRAR'S SIGNATURE Mrs. Eunice Bush	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

0961 I ADM ENV

OCT 20 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 _____

Joseph H. Bowlin

4933

Licensed Embalmer No. *California, Mo*

P. O. Address _____

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.

102-3011