

**DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH**

FILED VS DEC 27 1960/28

-60-045672

Registration District No. 128 Primary Registration District No. 200 Registrar's No. 1270

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <b>Greene</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo.</b> b. COUNTY <b>Greene</b>									
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Springfield</b>		Length of stay in 1b <b>2 Years</b>		c. CITY OR TOWN <b>Springfield</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>							
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>732 W. Central</b>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <b>732W. Central</b>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
3. NAME OF DECEASED (Type or print) First <b>Albert</b> Middle <b>-----</b> Last <b>Boltjes</b>				4. DATE OF DEATH Month <b>DEC</b> Day <b>20</b> Year <b>1960</b>									
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <b>2/16/1900</b>		9. AGE (last birthday) <b>60</b>		IF UNDER 1 YEAR Months <b>10</b> Days <b>4</b>		IF UNDER 24 HR Hours <b>---</b> Min. <b>---</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>				10b. KIND OF BUSINESS OR INDUSTRY <b>Gen. farming</b>		11. BIRTHPLACE (City and state or country) <b>Bellengawalder, Holland</b>		12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>					
13a. FATHER'S NAME <b>Dirck Boltjes</b>				13b. MOTHER'S MAIDEN NAME <b>Rentha Smyth</b>				14. NAME OF HUSBAND OR WIFE <b>Charmaine Boltjes</b>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>				16. SOCIAL SECURITY NO. <b>462-14-6133</b>		17. INFORMANT <b>Charmaine Boltjes, 732 W. Central, Springfield, Mo.</b>							
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Gun shot wound in chest</b>										INTERVAL BETWEEN ONSET AND DEATH <b>7</b>			
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) 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					
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input checked="" type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I, or PART II of Item 18.) <b>He apparantly shot himself with a .410 ga. shot gun, while alone in his home. He had requested his wife to leave on an errand for him, and she found him upon her return.</b>									
20c. TIME OF INJURY <b>approx. 4:00 P.M.</b>		Month, Day, Year <b>12/20/60</b>		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.) <b>Home</b>		20f. CITY, TOWN, OR LOCATION <b>Springfield, Greene, Missouri</b>			
21. I attended the deceased from <b>approx. 4:00P.M.</b> to <b>her</b> and last saw <b>him</b> alive on <b>---</b> Death occurred at <b>---</b> m on the date stated above, and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE <b>Ralph H. Thieme</b> (Degree or title) <b>Greene County Coroner</b>						22b. ADDRESS <b>Springfield, Missouri</b>			22c. DATE SIGNED <b>12/21/60</b>				
23a. BURIAL CREMATION, REMOVAL (Specify) <b>Cremation</b>		23b. DATE <b>12/22/1960</b>		23c. NAME OF CEMETERY OR CREMATORY <b>D.W. Newcomers &amp; Sons</b>			23d. LOCATION (City, town, or county) (State) <b>Kansas City, Missouri</b>						
24. FUNERAL DIRECTOR <b>Ralph Thieme, Springfield, Missouri</b>						25. DATE RECD. BY LOCAL REG. <b>12-26-60</b>		26. REGISTRAR'S SIGNATURE <b>Effie G. Melton</b>					

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

DEC 28 1960

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Keith Collins

Licensed Embalmer No. 36

P. O. Address Spring

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