

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-046452

FILED VS JAN 4 1961

Registration District No. 146 Primary Registration District No. 3026 Registrar's No. 313

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo.</b> b. COUNTY <b>Jackson</b>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Independence</b>		Length of stay in 1b	c. CITY OR TOWN <b>Kansas City</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>Indep., San. &amp; Hospital</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>9817 Bennington</b>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <b>Julius</b> Middle <b>M</b> Last <b>Bolick</b>			4. DATE OF DEATH Month <b>December</b> Day <b>25</b> Year <b>1960</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>July 27, 1880</b>	9. AGE (last birthday) <b>80</b>	IF UNDER 1 YEAR Months <b>4</b> Days <b>28</b> Hours <b></b> Min. <b></b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired Tool Manager</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>McDonald Air Craft</b>	11. BIRTHPLACE (City and state or country) <b>Clay City Indiana</b>	12. CITIZEN OF WHAT COUNTRY <b>U S A</b>	
13a. FATHER'S NAME <b>Unknown Bolick</b>		13b. MOTHER'S MAIDEN NAME <b>Martha Reed</b>		14. NAME OF HUSBAND OR WIFE <b>Luellen Bolick (Deceased)</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>479-10-3664</b>	17. INFORMANT <b>Rev. William Bolick Kansas City 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>Acute pulmonary Edema</b>			INTERVAL BETWEEN ONSET AND DEATH <b>1 hr</b>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <b>Hypertensive Cardiovascular disease &amp; arricular fibrillation &amp; chr. pericarditis</b>		Several months	
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 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 <b></b> Month, Day, Year <b></b>				
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 <b>5:30 AM 12-24-60</b> and last saw <sup>her</sup> him alive on <b>12-24-60</b> . Death occurred at <b>7:15a.</b> m on the date stated above, and to the best of my knowledge, from the causes stated.				
22a. SIGNATURE <b>Charles Nelson, M.D.</b> (Degree or title)		22b. ADDRESS <b>Independence, Mo.</b>		22c. DATE SIGNED <b>12-25-60</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	23b. DATE <b>Dec. 26, 1960</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Oak Hill Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>Kirkwood Mo.</b>	
24. FUNERAL DIRECTOR <b>Geo. C. Carson &amp; Son's Independence, Mo.</b>		ADDRESS	25. DATE RECD. BY LOCAL REG. <b>12-26-60</b>	26. REGISTRAR'S SIGNATURE <b>James H. Case</b>

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS JAN 5 1961

**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 Leroy J. Tyler

Licensed Embalmer No. 4941

P. O. Address Indians

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.