

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

61-022045
STATE FILE NUMBER

Registration District No. 267 Primary Registration District No. 5911 Registrar's No. 86

FILED JUN 23 1961

DATE AMENDED

INSTEAD OF THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY Pemiscot			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Arkansas b. COUNTY Mississippi		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Pascola Township		Length of stay in 1b	c. CITY OR TOWN Kieser		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Kennett R. 1		Inside Limits Yes <input type="checkbox"/> No <input checked="" 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 Roy Middle E. Bolick Last			4. DATE OF DEATH Month June Day 7 Year 1961		
5. SEX White 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 6/9/61	9. AGE (last birthday) 39	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Trucker		10b. KIND OF BUSINESS OR INDUSTRY Trucking		11. BIRTHPLACE (City and state or country) Brighton, Tenn.	12. CITIZEN OF WHAT COUNTRY USA
13a. FATHER'S NAME M.W. Bolick		13b. MOTHER'S MAIDEN NAME Myrtle Lee Gray		14. NAME OF HUSBAND OR WIFE Rachel Bolick	
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.		17. INFORMANT Mrs. Rachel Bolick, Kieser, Ark. Address	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Fractured Skull 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) Crushed chest and abdomen				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.) Truck and train accident			
20c. TIME OF INJURY about 8 p.m.		Month, Day, Year 6-7-61			
20d. INJURY OCCURRED WHILE AT WORK <input checked="" 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.) State Highway #84		20f. CITY, TOWN, OR LOCATION COUNTY STATE R. 1 Kennett Pemiscot Mo.	
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) <i>Jimmy Gibson</i> Coroner			22b. ADDRESS Wardell, Mo.		22c. DATE SIGNED 6-7-61
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 6/9/1961	23c. NAME OF CEMETERY OR CREMATORY Ermen		23d. LOCATION (City, town, or county) (State) Osceola, Ark.
24. FUNERAL DIRECTOR ADDRESS Swift Funeral H., Osceola, Ark.			25. DATE RECD. BY LOCAL REG. 6-11-61		26. REGISTRAR'S SIGNATURE <i>Charlotte E. Sloan</i>

1961 JUN 8

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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 Body Embalmed in Lebanon, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed _____

Licensed Embalmer No. _____

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.