

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

62-020192
5444 STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **5444**

FILED JUN 7 1962

VS 300
Rev. 4/59

1

2

3

4

5

6

7

8

9

10

11

12

13

DATE AMENDED **6/8/62**

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF **Local Cemetery**

SHOULD READ **Father Dixon's Cemetery**

23c

BY AFFIDAVIT OF Funeral Director

1. PLACE OF DEATH a. COUNTY		b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		Length of stay in 1b		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY		c. CITY OR TOWN St. Louis		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION DOA Homer G. Phillips Hosp		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS 3124 N. Newstead Ave.,		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>					
3. NAME OF DECEASED (Type or print) First William Middle Henry Last Boldon			4. DATE OF DEATH Month May Day 25 Year 1962								
5. SEX Male		6. COLOR OR RACE Negro		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 1-19-1937		9. AGE (last birthday) 25		IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Drew, Mississippi		12. CITIZEN OF WHAT COUNTRY USA					
13a. FATHER'S NAME S. W. Boldon			13b. MOTHER'S MAIDEN NAME Rachel Lee			14. NAME OF HUSBAND OR WIFE DeLorse Boldon					
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 Rachel L. Boldon		Address Jonestown, Mississippi					
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Massive intra-Cranial Hemorrhage, Cont'd; Sunshot wound of brain, suffered when shot with rifle in hands of Albie Lewis in front of about 1400 crowd, about 10:25 P.M. May 25, 1962.								INTERVAL BETWEEN ONSET AND DEATH			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH OR NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 981X								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 checked="" type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) 981X							
20c. TIME OF INJURY Hour 10:25 a.m. 5-25-62 p.m.		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.) Side walk		20f. CITY, TOWN, OR LOCATION St Louis MO		COUNTY		STATE	
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at _____ 11:01 P _____ on the date stated above, and to the best of my knowledge, from the causes stated.											
22a. SIGNATURE Joseph M. Turner (Degree or title)						22b. ADDRESS 1300 Clark			22c. DATE SIGNED 5-31-62		
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 6-1-62		23c. NAME OF CEMETERY OR CREMATORY Father Dixon's Cemetery		23d. LOCATION (City, town, or county) Clarksdale, Mississippi		23e. (State)			
24. FUNERAL DIRECTOR G. Wade Granberry				ADDRESS 4202 Finney Ave.		25. DATE RECD. BY LOCAL REG. MAY 31 1962		26. REGISTRAR'S SIGNATURE Roan Smith. M.D.			

USE BLACK INK OR TYPEWRITER RIBBON

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 _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Edward A Flynn

Licensed Embalmer No. 4444

P. O. Address 4202 Finney Ave.,

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.