

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

**-62-024016**  
STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 236 Primary Registration District No. 2815 Registrar's No. 41

**FILED JUL 10 1962**

VS 300 Rev. 4/59	DATE AMENDED	
10710		
28150		
3		
4 0		
5 1		
6		
7 1		
8 2		
99190		
10 19	INSTEAD OF	
11071		
1291-3		
132-0		
AMENDMENTS ON THIS RECORD ARE AS FOLLOWS		
ITEM NO. SHOULD READ		
BY AFFIDAVIT OF		
DOCUMENT		
MEDICAL CERTIFICATION		
USE BLACK INK OR TYPEWRITER RIBBON		

1. PLACE OF DEATH a. COUNTY <u>Morgan</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Kansas</u> b. COUNTY <u>Wyandotte</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Rural Hawcreek</u>		Length of stay in 1b <u>minutes</u>	c. CITY OR TOWN <u>Fairway</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>two miles W. Stover</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>5720 Fairway Drive</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last <u>Neatha Venay Bolin</u>			4. DATE OF DEATH Month Day Year <u>July 5, 1962</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>8/31/05</u>
9. AGE (last birthday) <u>56</u>		IF UNDER 1 YEAR Months Days	IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Medical Doctor</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Psychiatrist</u>	11. BIRTHPLACE (City and state or country) <u>Cleveland, Kansas</u>
12. CITIZEN OF WHAT COUNTRY <u>U. S. A.</u>		13a. FATHER'S NAME <u>John Hamilton Bolin</u>	
13b. MOTHER'S MAIDEN NAME <u>Claire McCurtain</u>		14. NAME OF HUSBAND OR WIFE <u>Evelyn Bolin</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>yes W-W 11 Air Force</u>		16. SOCIAL SECURITY NO. <u>unknown</u>	17. INFORMANT <u>Evelyn Bolin</u>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Gunshot wound - Head</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 1/2 hours</u>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		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	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			
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 Hour a.m. 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.) <u>Take home</u>	20f. CITY, TOWN, OR LOCATION <u>Gravois Mills</u>	COUNTY <u>Morgan</u>	STATE <u>Missouri</u>
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at <u>3:00 A.M.</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>James R. Scriven</i> (Degree or title) <u>Coroner Morgan Co.</u>		22b. ADDRESS <u>Versailles, Mo.</u>	22c. DATE SIGNED <u>7/5/62</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	23b. DATE <u>July 7, 1962</u>	23c. NAME OF CEMETERY or CREMATORY <u>Highland Park cemetery</u>	23d. LOCATION (City, town, or county) <u>Kansas City, Kansas</u>
24. FUNERAL DIRECTOR <u>Fulton funeral home</u>		ADDRESS <u>Kansas City, Kansas</u>	25. DATE REC'D. BY LOCAL REG. <u>7-6-62</u>
			26. REGISTRAR'S SIGNATURE <i>J. L. Washburn</i>

JUL 13 1962

AUG 21 1962

AUG 1 1962

JUN 22 1963

**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 James R. Scrimin

Licensed Embalmer No. 4880

P. O. Address Vernon, Mo.

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.