

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=62-030738

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 137 Primary Registration District No. ~~236~~ Registrar's No. 196 STATE FILE NUMBER

VS 300  
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

**FILED AUG 27 1962**

1. PLACE OF DEATH  
a. COUNTY Henry  
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Windsor Length of stay in lb 85 yrs.  
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION Windsor Hospital Inside Limits Yes  No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
a. STATE Mo. b. COUNTY Henry  
c. CITY OR TOWN Windsor Inside Limits Yes  No   
d. STREET ADDRESS (If outside, give location) 308 S. Main St. Reside on Farm Yes  No

3. NAME OF DECEASED First Middle Last 4. DATE OF DEATH Month Day Year  
Bolyn F. Black August 16 - 1962

5. SEX M 6. COLOR OR RACE W 7. Married  Never Married  Widowed  Divorced  8. DATE OF BIRTH 11-3-1876 9. AGE (last birthday) 85 IF UNDER 1 YEAR IF UNDER 24 HR  
Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (City and state or country) 12. CITIZEN OF WHAT COUNTRY  
tin shop owner (Tinmith) Windsor, Mo. U.S.A.

13a. FATHER'S NAME David Black 13b. MOTHER'S MAIDEN NAME Eliza Taylor 14. NAME OF HUSBAND OR WIFE Lida Poncin

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 Address Mrs. B.F. Black, Windsor, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)  
PART I. DEATH WAS CAUSED BY:  
IMMEDIATE CAUSE (a) Cerebral Anoxia INTERVAL BETWEEN ONSET AND DEATH 8 hours  
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Cerebral Vascular Accident 8 Days  
DUE TO (c) Arterio sclerosis - Cerebral Arteriosclerosis

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.  
 Yes  No  Unknown

19. WAS AUTOPSY PERFORMED? YES  NO  20a. ACCIDENT  SUICIDE  HOMICIDE  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. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK  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 7/27/62 to 8/16/62 and last saw him alive on 8/16/62  
Death occurred at 11:35 am on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Bernard Brochard (Degree or title) 22b. ADDRESS 16 South Main Windsor, Mo. 22c. DATE SIGNED 8/21/62

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE 8-18-1962 23c. NAME OF CEMETERY OR CREMATORY Laurel Oak 23d. LOCATION (City, town, or county) (State) Windsor, Mo.

24. FUNERAL DIRECTOR ADDRESS Ellis M. Huston Windsor Mo 25. DATE RECD. BY LOCAL REG. Aug 22, 1962 26. REGISTRAR'S SIGNATURE Wildred Bigum

**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 Ellen Huston

Licensed Embalmer No. 3391

P. O. Address Windsor, 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.