

FILED JUN 3 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 17065

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 146 PRIMARY REG. DIST. NO. 5568 Registrar's No. 193

1. PLACE OF DEATH a. COUNTY Jackson <i>Kansas City</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE M. $\Phi$ . b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Blue <i>Rural</i>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Blue <i>Rural</i>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 427 Farley T.R.		d. STREET ADDRESS (If rural, give location) 427 Farley	

3. NAME OF DECEASED (Type or Print) a. (First) Melvin		b. (Middle) E.		c. (Last) Bolster		4. DATE OF DEATH (Month) (Day) (Year) May 13 1950	
5. SEX M $\bigcirc$	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>		8. DATE OF BIRTH $\Phi$ 4 1906		9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days IF UNDER 14 Hrs. Min. 43	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Carpenter</i>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Harlem Mout.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	

13a. FATHER'S NAME Louis Lynn Bolster		13b. MOTHER'S MAIDEN NAME Nillie Toombs Bolster		14. NAME OF HUSBAND OR WIFE Lora Lynn Bolster	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) Yes. WWII		16. SOCIAL SECURITY NO. 446 093867		17. INFORMANT'S SIGNATURE OR NAME Lora L Bolster		ADDRESS 427 Farley	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Hypertensive Heart Disease</i>				INTERVAL BETWEEN ONSET AND DEATH <i>Over 3 years</i>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Acute Coronary Insufficiency</i>					
		DUE TO (c)					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				4201	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			

22. I hereby certify that I attended the deceased from *May 12*, 19*47*, to *May 13*, 19*50*, that I last saw the deceased alive on *May 11*, 19*50*, and that death occurred at *7:00 P.M.*, from the causes and on the date stated above.

23a. SIGNATURE <i>Robert Jansen M.D.</i>		(Degree or title)		23b. ADDRESS <i>2220 E 31st St.</i>		23c. DATE SIGNED <i>5-13-50</i>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24b. DATE <i>May 16 1950</i>		24c. NAME OF CEMETERY OR CREMATORY <i>Mt. Washington</i>		24d. LOCATION (City, town, or county) (State) <i>Kansas City Mo</i>	
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DATE REC'D BY LOCAL REG. <i>May 14 1950</i>		REGISTRAR'S SIGNATURE <i>J. M. ...</i>		FEDERAL DIRECTOR'S SIGNATURE <i>J. M. ...</i>		ADDRESS	
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(Licensed Emballer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

480

MAY 25 RECD

JUN 11 1950

JUN 6 1950

NOV 16 1950

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

Richard E. Carroll

Student Embalmer No. 368

working under my personal supervision.

Student Richard E. Carroll  
Student Embalmer

Signed

[Signature]  
Licensed Embalmer No. 3625  
P. O. Address R. E. Carroll

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 this body is not embalmed, fact should be so stated above.