No. 300
10.48

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

FILED JUN 28 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

19582

State File No.

BIRTH NO. REG. DIST. NO. 53 PRIMARY REG. DIST. NO. 3010 Registrar's No. 195

1. PLACE OF DEATH
a. COUNTY: Cape Girardeau County
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Cape Girardeau, Mo.
c. LENGTH OF STAY (In this place): 15 Dys
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Francis Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Scott
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sikeston, Missouri. 1002
d. STREET ADDRESS (If rural, give location): 817 Lake St.

3. NAME OF DECEASED (Type or Print)
a. (First): Fannie
b. (Middle): May
c. (Last): Bolden

4. DATE OF DEATH (Month) (Day) (Year): June 13, 1950

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: November 15, 1896
9. AGE (In years last birthday): 54
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: - - - - - -
11. BIRTHPLACE (State or foreign country): White Co. Illinois
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Adam Roush
13b. MOTHER'S MAIDEN NAME: Mattie Rayner
14. NAME OF HUSBAND OR WIFE: Henry Bolden

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): - - - - - -
16. SOCIAL SECURITY NO.: - - - - - -
17. INFORMANT'S SIGNATURE OR NAME / ADDRESS: Henry Bolden, Sikeston, Mo.

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) Renal Failure — INTERVAL BETWEEN ONSET AND DEATH: 1 wk.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Shock from Hemorrhage — 1 wk
DUE TO (c) Following Cholecystitis — 1 wk

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Cholecystitis, Chronic & Cholelithiasis

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☒ NO ☐

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? 584X

22. *I hereby certify that I attended the deceased from* 5/29, 1950, *to* 6/13, 1950, *that I last saw the deceased alive on* 6/13/50, *and that death occurred at* 12:00 m., *from the causes and on the date stated above.*

23a. SIGNATURE: John Crowe (Degree or title) MD
23b. ADDRESS: Cape Girardeau, Mo.
23c. DATE SIGNED: 6/23/50

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: June 15th, 1950
24c. NAME OF CEMETERY OR CREMATORY: Memorial Park
24d. LOCATION (City, town, or county) (State): Sikeston, New Madrid, Mo.

DATE REC'D BY LOCAL REG.: 6-23-1950
REGISTRAR'S SIGNATURE: C. C. Summers
25. FUNERAL DIRECTOR'S SIGNATURE / ADDRESS: Taylor Funeral Home, Sikeston, Mo.

(Licensed Embalmer's Statement on Reverse Side)

650-833

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 .....
Student Embalmer

Signed J. E. McMittle

Licensed Embalmer No. 4695

P. O. Address [illegible]

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

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