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

FILED OCT 17 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

33967

State File No.

BIRTH NO. REG. DIST. NO. 170 PRIMARY REG. DIST. NO. 3033 Registrar's No. 355

1. PLACE OF DEATH
a. COUNTY Laclede
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Lebanon
c. LENGTH OF STAY (in this place) 40 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 220 N. Monroe

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Mo
b. COUNTY Laclede
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Lebanon 0532
d. STREET ADDRESS (If rural, give location) 220 N Monroe

3. NAME OF DECEASED (Type or Print) a. (First) James b. (Middle) W c. (Last) Bolles
4. DATE OF DEATH (Month) 10 (Day) 7 (Year) 1950
5. SEX M
6. COLOR OR RACE W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed
8. DATE OF BIRTH Oct. 10 1864
9. AGE (In years last birthday) 85 | 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) Retired
10b. KIND OF BUSINESS OR INDUSTRY Constable
11. BIRTHPLACE (State or foreign country) Laclede Co
12. CITIZEN OF WHAT COUNTRY? U.S.A
13a. FATHER'S NAME Ewing Bolles
13b. MOTHER'S MAIDEN NAME Sarah Lowery
14. NAME OF HUSBAND OR WIFE Lou Gohler
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 Clifford Bolles ADDRESS Lebanon Mo

MEDICAL CERTIFICATION

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.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary heart disease — INTERVAL BETWEEN ONSET AND DEATH ?

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Unknown

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

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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?

22. *I hereby certify that I attended the deceased from* 10-7, 1950, *to* 10-7, 1950, *that I last saw the deceased alive on* 10-7, 1950, *and that death occurred at* 8:45 A m., *from the causes and on the date stated above.*

23a. SIGNATURE H. C. Carrington (Degree or title) M. D.
23b. ADDRESS Lebanon, Mo.
23c. DATE SIGNED 10-10-50

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 10/10/50
24c. NAME OF CEMETERY OR CREMATORY Lebanon
24d. LOCATION (City, town, or county) Lebanon (State) Mo.

DATE REC'D BY LOCAL REG. 10-11-1950
REGISTRAR'S SIGNATURE Nella L. Day 424
25. FUNERAL DIRECTOR'S SIGNATURE Palmer's ADDRESS Lebanon Mo.

(Licensed Embalmer's Statement on Reverse Side)

Received OCT 1 4 1950

Laclede County Health Unit

File No. 10-50-156

Date Filed OCT 1 6 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 ..... Student Embalmer No. .....

working under my personal supervision.

Student .....
Student Embalmer

Signed S B Palmer Jr

Licensed Embalmer No. 4811

P. O. Address Lebanon 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 this body is not embalmed, fact should be so stated above.