

FILED MAY 31 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

19160

BIRTH NO. _____		REG. DIST. NO. <u>338</u>		PRIMARY REG. DIST. NO. <u>4501</u>		Registrar's No. <u>26</u>								
1. PLACE OF DEATH a. COUNTY <u>Stoddard</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Stoddard</u>										
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Bloomfield</u>		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Bloomfield</u>		<u>1030</u>								
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>None</u>				d. STREET ADDRESS (If rural, give location) <u>---</u>										
3. NAME OF DECEASED (Type or Print)			a. (First) <u>JESSE</u>			b. (Middle) <u>ABNER</u>			c. (Last) <u>BOLIN</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>April 2, 1951</u>		
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED. (Specify) <u>Widower</u>		8. DATE OF BIRTH <u>Feb. 6, 1865</u>		9. AGE (In years last birthday) <u>86</u>		IF UNDER 1 YEAR Months Days <u>1 26</u>		IF UNDER 24 HRS. Hours Mins.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer (Retired)</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>		11. BIRTHPLACE (State or foreign country) <u>Stoddard co. Missouri</u>				12. CITIZEN OF WHAT COUNTRY? <u>U. S.</u>				
13a. FATHER'S NAME <u>Jesse Bolin</u>				13b. MOTHER'S MAIDEN NAME <u>Francis Triplett</u>				14. NAME OF HUSBAND OR WIFE <u>Deceased</u>						
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No.</u>				16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Earl Watson, Bloomfield, Mo.</u>								
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, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>UREMIA</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>CANCER - BLADDER</u> DUE TO (c) <u>CANCER - PROSTATE</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.								INTERVAL BETWEEN ONSET AND DEATH <u>4 DAYS</u> <u>MONTHS</u> <u>UNKNOWN</u>		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>177 X</u>										20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) m.		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 <u>5-25-1951</u> to <u>4-2-1951</u> , that I last saw the deceased alive on <u>4-2-1951</u> , and that death occurred at <u>2:10 p.m.</u> from the causes and on the date stated above.														
23a. SIGNATURE (Degree or title) <u>E. Watson</u>						23b. ADDRESS <u>Bloomfield</u>				23c. DATE SIGNED <u>4-30-51</u>				
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>April 4, 51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>South Pleasant Valley</u>				24d. LOCATION (City, town, or county) (State) <u>Stoddard co., Missouri</u>						
DATE REC'D BY LOCAL REG. <u>May 22 1951</u>		REGISTRAR'S SIGNATURE <u>Rose Wehner</u>				355		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>CHILES UND. CO. Bloomfield, Mo.</u>						

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

MAY 28 1951

DISTRICT HEALTH OFFICE No. 6

File No.

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, & by Lulu

Cooper # 3499

working under my personal supervision.

Student Embalmer No.

Signed

Juan C. Cooper

Signed.....
Student Embalmer

Licensed Embalmer No. 4119

P. O. Address Bloomfield, 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.