

FILED JUN 20 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **21810**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 340 PRIMARY REG. DIST. NO. 6151 Registrar's No. 52

1. PLACE OF DEATH a. COUNTY <b>Stoddard</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Stoddard</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Dexter Elk twp.</b>		c. LENGTH OF STAY (In this place) <b>life</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Route 4</b>		e. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Dexter Elk</b>	
f. STREET ADDRESS (If rural, give location) <b>Route 4</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>Linda</b> b. (Middle) <b>Fay</b> c. (Last) <b>Bolin</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>June 12, 1951</b>
5. SEX <b>female</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>single</b>	8. DATE OF BIRTH <b>June 12, 1951</b>
9. AGE (In years last birthday) <b>6</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>chile</b>	
11. BIRTHPLACE (State or foreign country) <b>Dexter, Mo. R. 4</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>Thomas L. Bolin</b>		13b. MOTHER'S MAIDEN NAME <b>Alene Vincent</b>	
14. NAME OF HUSBAND OR WIFE <b>single</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>		16. SOCIAL SECURITY NO. _____	
17. INFORMANT'S SIGNATURE OR NAME <b>Thomas Bolin</b> ADDRESS <b>Dexter, Mo. R. 4</b>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Premature Birth</b> INTERVAL BETWEEN ONSET AND DEATH <b>6 hrs</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Premature Ruptured of Embryonic Membrane</b> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
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) <b>7615</b>			
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 <u>June 12, 1951</u> , to <u>June 12, 1951</u> , that I last saw the deceased alive on <u>June 12, 1951</u> , and that death occurred at <u>11:45 a.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <b>E. S. Davis M.D.</b>		23b. ADDRESS <b>Dexter Mo</b>	
23c. DATE SIGNED <b>6/14/51</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>		24b. DATE <b>6-13-51</b>	
24c. NAME OF CEMETERY OR CREMATORY <b>Essex cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Essex, Mo.</b>	
DATE REC'D BY LOCAL REG. <b>6-14-51</b>		REGISTRAR'S SIGNATURE <b>409</b>	
25. FUNERAL DIRECTOR'S SIGNATURE <b>Watkins Funeral Ser. Dexter</b>		ADDRESS _____	

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

RECEIVED

JUN 19 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, or by .....

*Was Not Embalmed*

working under my personal supervision.

Student Embalmer No. ....

Signed .....

*[Handwritten Signature]*

Signed.....  
Student Embalmer

Licensed Embalmer No. *4717*

P. O. Address *Deputy 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.