

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Dr. Loyd

977

3016

BIRTH NO. _____		REG. DIST. NO. <u>977</u>		PRIMARY REG. DIST. NO. <u>3016</u>		Registrar's No. <u>293</u>	
1. PLACE OF DEATH a. COUNTY <u>Cole</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Cole</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Jefferson City</u>		c. LENGTH OF STAY (In this place) <u>75</u> yrs		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Jefferson City 1264</u>		d. STREET ADDRESS (If rural, give location) <u>716 East High Street</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>716 East High Street</u>				d. STREET ADDRESS (If rural, give location) <u>716 East High Street</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Minnie</u> b. (Middle) <u>Virginia</u> c. (Last) <u>Bolton</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Nov- 18 1951</u>				
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widow</u>		8. DATE OF BIRTH <u>July-22-1876</u>	
9. AGE (In years last birthday) <u>75</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>		11. BIRTHPLACE (State or foreign country) <u>Cole County, Missouri</u>	
11. BIRTHPLACE (State or foreign country) <u>Cole County, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Lafayette D. Gordon</u>		13b. MOTHER'S MAIDEN NAME <u>Sarah Hord</u>	
13a. FATHER'S NAME <u>Lafayette D. Gordon</u>		13b. MOTHER'S MAIDEN NAME <u>Sarah Hord</u>		14. NAME OF HUSBAND OR WIFE <u>Waller K. Bolton</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>D.J. Colver, Jefferson City, 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, asthenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arteriosclerotic Heart Disease</u> INTERVAL BETWEEN ONSET AND DEATH <u>5 yrs</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (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) <u>4200</u>			
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>Dec 18, 1948</u> , to <u>Nov 16, 1951</u> , that I last saw the deceased alive on <u>Nov 16, 1951</u> , and that death occurred at <u>6am.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Earl L. Loyd M.D.</u> (Degree or title)				23b. ADDRESS <u>Jeff. City, Mo.</u>		23c. DATE SIGNED <u>11-19-51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Nov-20-1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Riverview Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Jefferson City, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>Nov. 19-1951</u>		REGISTRAR'S SIGNATURE <u>R.O. Harris</u>		5. FUNERAL DIRECTOR'S SIGNATURE <u>Waller K. Bolton</u>		ADDRESS <u>Jefferson City, Mo</u>	

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

264
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RECEIVED NOV 24 1951

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed NOV 24 1951

NOV 24 1951

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

George J. Gordon

Licensed Embalmer No. 1786

P. O. Address *Jefferson City 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.