

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **7372**
Registrar's No. **375**

FILED APR 15 1952

BIRTH NO. _____ REG. DIST. NO. **42** PRIMARY REG. DIST. NO. **1000**

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Buchanan	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph	
d. FULL NAME OF HOSPITAL OR INSTITUTION Methodist		d. STREET ADDRESS (If rural, give location) 2416 North 7th	

3. NAME OF DECEASED (Type or Print) a. (First) RONNIE	b. (Middle) DUANE	c. (Last) BOLINGER	4. DATE OF DEATH (Month) (Day) (Year) April 4 1952
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) No	8. DATE OF BIRTH Jan. 20, 1947	9. AGE (In years last birthday) 5	10. UNDER 1 YEAR (Months) 0	11. UNDER 1 YEAR (Days) 0	12. UNDER 1 YEAR (Hours) 0	13. UNDER 1 YEAR (Min.) 0
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None	10b. KIND OF BUSINESS OR INDUSTRY None	11. BIRTHPLACE (State or foreign country) St. Joseph, Missouri	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Aubrey T. Bolinger	13b. MOTHER'S MAIDEN NAME Jessie L. Duncan	14. NAME OF HUSBAND OR WIFE None
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Aubrey T. Bolinger	ADDRESS St. Joseph, Mo.
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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, atherosclerosis, etc.* It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Aplastic Anemia		INTERVAL BETWEEN ONSET AND DEATH 3 wks.
	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 3/26/52	19b. MAJOR FINDINGS OF OPERATION Aplasia bone marrow	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from **3/17**, 19**52**, to **4/4**, 19**52**, that I last saw the deceased alive on **4/4**, 19**52**, and that death occurred at **12 PM**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Charles J. Shubin, M.D.	23b. ADDRESS 902 Edward St., St. Joseph	23c. DATE SIGNED 4/7/52
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE April 7, 1952	24c. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery	24d. LOCATION (City, town, or county) (State) St. Joseph Missouri
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DATE REC'D BY LOCAL REG. April 10, 1952	REGISTRAR'S SIGNATURE Carl C. Carter	25. FUNERAL DIRECTOR'S SIGNATURE Stacy Funeral Home	ADDRESS St. Joseph Mo
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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0117
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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 Charles E. Bennett

Licensed Embalmer No. 4677

P. O. Address St. Joseph 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.