

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

15950

FILED JUN 7 1952

BIRTH NO. REG. DIST. NO. 77 PRIMARY REG. DIST. NO. 5303 Registrar's No. 129

0260
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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) <u>Jefferson City</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Jefferson City - Hy 54</u>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (if rural, give location) <u>Route 2 - South Jefferson</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>R2 - Home</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Edith</u> b. (Middle) <u>Warren</u> c. (Last) <u>Bolton</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>June 3 1952</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>Negro</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Oct 16 1882</u>	9. AGE (In years) (of UNDER 1 YEAR) (of UNDER 12 MOS.) Leaf (Day) Months Days Hours Min. <u>69</u>
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10a. 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>At Home</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Rossville, Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Riley Webb</u>	13b. MOTHER'S MAIDEN NAME <u>Clay</u>	14. NAME OF HUSBAND OR WIFE <u>Betty Martin Bolton</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give branch or dates of service)	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Andrew Warren</u> ADDRESS <u>617 Schurz</u>
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>1 wk.</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral thrombosis</u>		
	II. ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>arterio-sclerosis -</u> DUE TO (c) <u>Hypertension</u>		
11. 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 <u>33.2 X</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)	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 27 MAY, 1952, to 3 JUNE, 1952, that I last saw the deceased alive on 4 JUNE, 1952, and that death occurred at 12:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Jessie G. Miller, D.O.</u>	23b. ADDRESS <u>227 Jefferson Jefferson City</u>	23c. DATE SIGNED <u>4 JUNE 52</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>June 7 1952</u>	24c. NAME OF CEMETERY OR CREMATOR <u>Louquien</u>	24d. LOCATION (City, town, or county) (State) <u>Jefferson City Mo.</u>
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DATE REC'D BY LOCAL REG. <u>June 4 1952</u>	REGISTRAR'S SIGNATURE <u>R.P. Davis MD-MR</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Robert Lewis</u> ADDRESS <u>J. C. Co.</u>
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(Licensed Embalmer's Statement on Reverse Side)

Miller

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 *J. P. Miller*

Licensed Embalmer No. 3641

P. O. Address James

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.