S. No. 300
v. 10-48

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 26906

FILED AUG 4 1952

BIRTH NO. _____ REG. DIST. NO. 349 PRIMARY REG. DIST. NO. 4514 Registrar's No. 15

1. PLACE OF DEATH
a. COUNTY Sullivan 1050
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Green City
c. LENGTH OF STAY (in this place) 12 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Home in Green City

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY Sullivan
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Green City 1050
d. STREET ADDRESS (If rural, give location) No street address

3. NAME OF DECEASED (Type or Print)
a. (First) Cora
b. (Middle) May
c. (Last) Bolander

4. DATE OF DEATH (Month) (Day) (Year) July 28, 1952

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2
8. DATE OF BIRTH Nov. 19, 1872
9. AGE (In years last birthday) 79 — IF UNDER 1 YEAR: Months --- Days --- IF UNDER 24 HRS.: Hours -- Min. --
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY Farm home
11. BIRTHPLACE (State or foreign country) Missouri 0
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Henry C. Golden
13b. MOTHER'S MAIDEN NAME Sarah Martin
14. NAME OF HUSBAND OR WIFE Willis Bolander

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No
(If yes, give war or dates of service) ----------
16. SOCIAL SECURITY NO. None
17. INFORMANT'S SIGNATURE OR NAME ADDRESS Oma Bolander, Green City, Mo.

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) Chronic Valvular Heart disease — INTERVAL BETWEEN ONSET AND DEATH: 1 yr

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Chronic Nephritis — 2 yrs

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 No
19b. MAJOR FINDINGS OF OPERATION 592 X
20. AUTOPSY? YES ☐ NO ☒

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* July 27, 1952 *to* July 28, 1952, *that I last saw the deceased alive on* July 28, 1952, *and that death occurred at* 6:30P *m., from the causes and on the date stated above.*

23a. SIGNATURE H. H. Garrison (Degree or title) M.D.
23b. ADDRESS Novinger Mo
23c. DATE SIGNED 7-29-52

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE July 31, 1952
24c. NAME OF CEMETERY OR CREMATORY Mt Olivet Cemetery
24d. LOCATION (City, town, or county) (State) Green City, Mo.

DATE REC'D BY LOCAL REG. Aug. 1-1952
REGISTRAR'S SIGNATURE Laura M. Bartlett
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Glenn E. Kent & Son, Green City, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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 Karl R. Kent

Licensed Embalmer, No. 4689

P. O. Address Green 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.