S. No. 200
v. 10.48

FILED JAN 2 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 41784

BIRTH NO. _____ REG. DIST. NO. 69 PRIMARY REG. DIST. NO. 422 Registrar's No. 33

0220 1

1. PLACE OF DEATH
a. COUNTY: CHRISTIAN
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): NIXA
c. LENGTH OF STAY (In this place): 5 WEEKS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): HOME OF MRS. CLELL YOUNG

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: CHRISTIAN
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): NIXA 0220
d. STREET ADDRESS (If rural, give location): NO STREET ADDRESS 0

3. NAME OF DECEASED (Type or Print)
a. (First): SARAH
b. (Middle): ANN
c. (Last): BOLIN

4. DATE OF DEATH (Month) (Day) (Year): DEC. 21-1952

5. SEX: FEMALE 1

6. COLOR OR RACE: WHITE

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): WIDOWED 2

8. DATE OF BIRTH: DEC. 19-1868

9. AGE (In years last birthday): 84 — 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: —

11. BIRTHPLACE (City and State or Foreign Country): OZARK, MISSOURI 0

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: JOHN HARP

13b. MOTHER'S MAIDEN NAME: SARAH HARP

14. NAME OF HUSBAND OR WIFE: ISAAC MARION BOLIN

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: MRS. HARRY WALKER
ADDRESS: 827 S. WEAVER SPRINGFIELD, 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

1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Virus flue — INTERVAL BETWEEN ONSET AND DEATH

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. Carcinoma of Stomach

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION 481 X H

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* 4-23-49 *19*___, *to* 12-21, *1952, that I last saw the deceased alive on* 12-21, *1952, and that death occurred at* 11:00 A. *m., from the causes and on the date stated above.*

23a. SIGNATURE: Harold Shaffer (Degree or title) DO

23b. ADDRESS: Nixa Mo

23c. DATE SIGNED: 12-23-52

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24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL

24b. DATE: DEC. 23-1952

24c. NAME OF CEMETERY OR CREMATORY: JONES CEMETERY

24d. LOCATION (City, town, or county) (State): CHRISTIAN CO., MISSOURI

DATE REC'D BY LOCAL REG.: 12-23-52

REGISTRAR'S SIGNATURE: Allen Dreer 60-0

25. FUNERAL DIRECTOR'S SIGNATURE: John Dean Harris
ADDRESS: Clever, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

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 John Alan Harris

Licensed Embalmer No. 4390

P. O. Address Clever, 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.