

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

9514

State File No.

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 5465 Registrar's No. 317

1. PLACE OF DEATH a. COUNTY GREENE				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY JASPER					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RURAL, N. Campbell		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN JOPLIN		0495			
d. FULL NAME OF HOSPITAL OR INSTITUTION U.S. # 66 a				d. STREET ADDRESS (If rural, give location) 1113 E. 6th ST.					
3. NAME OF DECEASED (Type or Print) a. (First) HERMAN		b. (Middle) MARION		c. (Last) BOLIN		4. DATE OF DEATH (Month) (Day) (Year) MARCH 25, 1953			
5. SEX MALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH APRIL 13 1917			
9. AGE (In years last birthday) 35		IF UNDER 1 YEAR Months		IF UNDER 1 YEAR Days		IF UNDER 24 HRS. Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) TRUCK DRIVER			10b. KIND OF BUSINESS OR INDUSTRY RISS CO.			11. BIRTHPLACE (State or foreign country) UNKNOWN			
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME ALVIA BOLIN		13b. MOTHER'S MAIDEN NAME GERTIE EDWARDS		14. NAME OF HUSBAND OR WIFE DOROTHY BOLIN			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes or unknown) (If yes, give war or dates of service) YES		16. SOCIAL SECURITY NO. W.W. # 2		17. INFORMANT'S SIGNATURE OR NAME DOROTHY BOLIN		ADDRESS JOPLIN, 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, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Probably Coronary Occlusion				INTERVAL BETWEEN ONSET AND DEATH Unknown	
				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)		4201			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		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 the deceased died that death occurred at 11 p.m. , from the causes and on the date stated above.									
23a. SIGNATURE <i>Edith Williamson</i> Deputy Registrar of Vital Statistics				23b. ADDRESS Greene County Court House Springfield, Missouri		23c. DATE SIGNED 3/26/53			
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE 3/26/53		24c. NAME OF CEMETERY OR CREMATORY		24d. LOCATION (City, town, or county) (State) H. D. FOSSETT F. H., Mt Vernon, Mo.			
DATE REC'D BY LOCAL REG. 3/26/53		REGISTRAR'S SIGNATURE <i>Edith Williamson</i>		25. FUNERAL DIRECTOR'S SIGNATURE H. H. LOHMEYER		ADDRESS SPRINGFIELD, MO.			

(Licensed Embalmer's Statement on Reverse Side)

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

390
3

MAY 4 1954

MAY 14 1954

MAY 19 1961

APR 8 1953

MAY 8 1953

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 Walter E. Hamilton

Licensed Embalmer No. 3808

P. O. Address SPRINGFIELD, 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.