

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **11732**FILED APR 26 1954 REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 395

1. PLACE OF DEATH a. COUNTY <u>Greene</u>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Greene</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Springfield</u>		c. LENGTH OF STAY (in this place) <u>3 years</u>		c. CITY OR TOWN <u>Springfield</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>744 North Kansas</u>		d. In Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>OSCAR</u>		b. (Middle)		c. (Last) <u>BOLIN</u>	
5. SEX <u>0</u> <u>Male</u>		6. COLOR OR RACE <u>White</u>		4. DATE OF DEATH (Month) <u>April</u> (Day) <u>18</u> (Year) <u>1954</u>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>July 14, 1883</u>		9. AGE (in years last birthday) <u>70</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Diversified Farming</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Christian Co., Mo. 0</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>John Bolin</u>		13b. MOTHER'S MAIDEN NAME <u>Margaret Ray</u>	
14. NAME OF HUSBAND OR WIFE <u>Mrs Ruth Bolin</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u> <u>no</u>		16. SOCIAL SECURITY NO. <u>Unknown</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Ruth Bolin, Springfield, Missouri</u>		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.		19. INTERVAL BETWEEN ONSET AND DEATH <u>3 yr.</u>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hypertensive cardiovascular disease</u>		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis</u>		DUE TO (c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Decubitus ulcers, severe</u>		19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>443X</u>	
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)		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?		22. I hereby certify that I attended the deceased from <u>Sept 18, 1953</u> , to <u>April 18, 1954</u> , that I last saw the deceased alive on <u>Feb 17, 1954</u> , and that death occurred at <u>5:40P</u> m., from the causes and on the date stated above.			
23a. SIGNATURE <u>R Wendell Stewart</u> (Degree or title) <u>M.D.</u>		23b. ADDRESS <u>219 Professional Bldg.</u>		23c. DATE SIGNED <u>April 21, 1954</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>April 20, 1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Manley Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>South of Springfield, Missouri</u>		DATE REC'D BY LOCAL REG. <u>4-23-54</u>		REGISTRAR'S SIGNATURE <u>Edna Williams</u>	
FUNERAL DIRECTOR'S SIGNATURE <u>Jewell E. Windle</u>		ADDRESS <u>Springfield, Mo.</u>			

(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.....
Signature of Student Embalmer

Signed..... *Gene C. Acaster*

Licensed Embalmer No. *4737*

P. O. Address *Springfield*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.