No. 300
10-48

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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 22034

BIRTH NO. 7435 REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 3201

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

1. PLACE OF DEATH
a. COUNTY: JACKSON
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): KANSAS CITY
c. LENGTH OF STAY (In this place): Life
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1310 E 37 ST ~~[illegible]~~

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: ~~KANSAS CITY~~ MO.
b. COUNTY: JACKSON
c. CITY OR TOWN: KANSAS CITY
d. Is Residence within limits of a city or incorporated town? Yes ☑ No ☐
STREET ADDRESS (If rural, give location): 53 1310 E. 37 th. St. 3538 0

3. NAME OF DECEASED (Type or Print)
a. (First): Catherine
b. (Middle): Lynne
c. (Last): Bolton

4. DATE OF DEATH (Month) (Day) (Year): July 27, 1955

5. SEX: F
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): CHILD
8. DATE OF BIRTH: 7-3-1955
9. AGE (In years last birthday): ~~24 HOURS~~ IF UNDER 1 YEAR Months Days: 1 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): CHILD
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and State or Foreign Country): KANSAS CITY MO.
12. CITIZEN OF WHAT COUNTRY?: U. S.

13a. FATHER'S NAME: FRANK BOLTON
13b. MOTHER'S MAIDEN NAME: CLARA BARNHILL
14. NAME OF HUSBAND OR WIFE: CHILD

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): CHILD
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S SIGNATURE OR NAME ADDRESS: FRANK BOLTON 1310 E. 37 th.

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): Congenital Heart

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.

INTERVAL BETWEEN ONSET AND DEATH: 7544

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
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 3, 1955, *to* July 27, 1955, *that I last saw the deceased alive on* July 20, 1955, *and that death occurred at* 5:30 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE Edson C. Carrier (Degree or title): Edson C. Carrier, M.D.
23b. ADDRESS: 242 Plaza Med Bldg
23c. DATE SIGNED: 7/28/55

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: July 29, 1955
24c. NAME OF CEMETERY OR CREMATORY: Mt. Calvary
24d. LOCATION (City, town, or county) (State): K.C. Kans.

DATE REC'D BY LOCAL REG.: 7-28-55
REGISTRAR'S SIGNATURE: Neva Mitchell
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Thomas E. Quirk 4316 Troost Ave.

(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 emb

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fa
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.