

FILED OCT 17 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **33934**

BIRTH NO. _____ REG. DIST. NO. 178 PRIMARY REG. DIST. NO. 4285 Registrar's No. 75

1. PLACE OF DEATH a. COUNTY <u>Lewis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Knox</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Lewistown</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Barine</u>	
c. LENGTH OF STAY (In this place) <u>3 Mo.</u>		d. STREET ADDRESS (If rural, give location) _____	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Prarie View Rest Home</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>BENJAMIN</u> b. (Middle) <u>FRANKLIN</u> c. (Last) <u>BOLTZ</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>10 12 1955</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, <input checked="" type="checkbox"/> WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	8. DATE OF BIRTH <u>SEPT. 10 - 1869</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>SOLE EMPLOYED</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>BLACKSMITH</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>WINCHESTER, MO.</u>
13a. FATHER'S NAME <u>JOHN H. BOLTZ</u>		13b. MOTHER'S MAIDEN NAME <u>EMILY (UNKNOWN) MINNIE MAY (HARKER)</u>	14. NAME OF HUSBAND OR WIFE <u>BOLTZ</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NO</u>	17. INFORMANT'S SIGNATURE OR NAME <u>ROY BOLTZ</u> ADDRESS <u>BARINE, MO.</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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Embolism</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) <u>4201</u> 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)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	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>1 Oct</u> , 19 <u>55</u> , to <u>12 Oct</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>10 Oct</u> , 19 <u>55</u> , and that death occurred at <u>2:04</u> m., from the causes and on the date stated above.			
23a. SIGNATURE <u>John W. Willis</u> (Degree or title) <u>DO 2</u>		23b. ADDRESS <u>Lewistown MO</u>	23c. DATE SIGNED <u>14 Oct 55</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>10-15-55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>MILLPORT CEMETRY</u>	24d. LOCATION (City, town, or county) (State) <u>RUTLEDGE, MO. 3 mi. NORTH</u>
DATE REC'D BY LOCAL REG. <u>10-15-55</u>	REGISTRAR'S SIGNATURE <u>P. W. Jennings</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Paul C. Briedhauser</u> ADDRESS <u>Edina Mo.</u>	

25604

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 *Paul C. Kieghausen*

Licensed Embalmer No. *4085*

P. O. Address *Edina 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.