URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS OCT 27 1960

60-038975
STATE FILE NUMBER

Registration District No. 200 Primary Registration District No. 3041 Registrar's No. 164

1. PLACE OF DEATH
a. COUNTY MACON
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN MACON — Length of stay in 1b: 51 DAYS
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION SAMARITAN HOSPITAL — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE MO b. COUNTY SHELBY
c. CITY OR TOWN CLARENCE — Inside Limits: Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location) CLARENCE RFD — Reside on Farm: Yes ☒ No ☐

3. NAME OF DECEASED (Type or print): First MATTIE Middle VIRGINIA Last BOLING
4. DATE OF DEATH: Month OCT Day 11 Year 1960
5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH: 4-26-1866
9. AGE (last birthday): 94
IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HR: 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: HOUSEWIFE
11. BIRTHPLACE (City and state or country): MONROE COUNTY MO
12. CITIZEN OF WHAT COUNTRY: U.S.
13a. FATHER'S NAME: WM. H. HARRISON
13b. MOTHER'S MAIDEN NAME: ANNA E POOLE
14. NAME OF HUSBAND OR WIFE: HENRY BOLING
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If yes, give war or dates of service): NO
16. SOCIAL SECURITY NO.: NONE
17. INFORMANT: MRS HAZEL COLLINS Address: CLARENCE MO

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Terminal Uremia	10 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	Reflex Vomiting and Food Failure	5 wks
DUE TO (c)	Arteriosclerosis.	

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from Sept 15 1960 to Oct 11 1960 and last saw her/him alive on Oct 11, 1960
Death occurred at 4:00 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

BY AFFIDAVIT OF

22a. SIGNATURE James E. Campbell (Degree or title) M.D.
22b. ADDRESS Macon Mo
22c. DATE SIGNED 10/11/60
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL
23b. DATE 10-13-60
23c. NAME OF CEMETERY OR CREMATORY MAPLEWOOD CEMETERY
23d. LOCATION (City, town, or county) CLARENCE (State) MO
24. FUNERAL DIRECTOR GREENING ADDRESS CLARENCE MO
25. DATE RECD. BY LOCAL REG. 10/21/60
26. REGISTRAR'S SIGNATURE Lulu McNeely

(Licensed Embalmer's Statement on Reverse Side)

DEC 6 1961

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed Charles V. Gree

Signature of Student Embalmer

Licensed Embalmer No. 462

P. O. Address Clarence

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