

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-61-013075

STATE FILE NUMBER

Registration District No. 77 Primary Registration District No. 3016 Registrar's No. 123

FILED MAY 2 1961

1. PLACE OF DEATH a. COUNTY <u>Cole</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Camden</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Jefferson City</u>		Length of stay in 1b <u>16 Days</u>	c. CITY OR TOWN <u>Osage Beach</u>
c. FULL NAME OF (If NOT in hospital, give location) <u>St. Marys Hospital</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>Osage Beach</u>
		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First <u>George</u> Middle <u>C.</u> Last <u>Bolte</u>			4. DATE OF DEATH Month <u>4</u> Day <u>20</u> Year <u>61</u>			
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>May 7-9th</u>	9. AGE (last birthday) <u>69</u>	IF UNDER 1 YEAR Months <u>11</u> Days <u>20</u>	IF UNDER 24 HR Hours <u></u> Min. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Manufacturing</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Uniforms</u>	11. BIRTHPLACE (City and state or country) <u>Bellview Iowa</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Henry Bolte</u>	13b. MOTHER'S MAIDEN NAME <u>Unknown</u>	14. NAME OF HUSBAND OR WIFE <u>Hazle Bolte</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes World War I</u>	17. INFORMANT Address <u>Mrs. Hazle Bolte, Osage Beach Mo.</u>
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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) <u>Cardiac arrest</u>		<u>Minutes</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Infection of the myocardium</u>		
DUE TO (c) <u>ASHD</u>		<u>Indefinite</u>

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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
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20c. TIME OF INJURY Hour <u></u> a.m. <u></u> p.m. <u></u>	Month, Day, Year <u>4-18-61</u>
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20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION <u>Osage Beach</u>	COUNTY <u>Camden</u>	STATE <u>Mo.</u>
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21. I attended the deceased from <u>4-18-61</u> to <u>4/20/61</u> and last saw <u>him</u> alive on <u>4/20/61</u> Death occurred at <u>11:55 PM</u> on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <u>John J. Hawthorn MD</u>	(Degree or title)	22b. ADDRESS <u>302 Bolivar</u>	22c. DATE SIGNED <u>5-1-61</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>April 29, 61</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Newton Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Newton Iowa</u>
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24. FUNERAL DIRECTOR <u>Robert H. Reed, Camdenton Mo.</u>	ADDRESS <u>Camdenton Mo.</u>	25. DATE RECD. BY LOCAL REG. <u>27 April 1961</u>	26. REGISTRAR'S SIGNATURE <u>R.P. Harris, MD - Richter</u>
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DATE AMENDED

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

SHOULD READ

ITEM NO.

MAY 2 1961

MAY 16 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 me

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

Robert H Reed

Licensed Embalmer No. 3745

P. O. Address Camden

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.