PLACE OF DAM C. COUNTY Atchison C. COUNTY Atchison STATE Mo. B. COUNTY Atchison Mo. B. COUNTY Atchison State Mo. B. COUNTY Atchison B. COUNTY Atchison B. COUNTY Atchison B. County B. COUNTY Atchison B. County	Registration District No	JURI D	AVIS	SION OF HEALTH - STANDARD CERTIFICATE OF DEATH	-62- 005366
PLACE OF DAM C. COUNTY Atchison C. COUNTY Atchison STATE Mo. B. COUNTY Atchison Mo. B. COUNTY Atchison State Mo. B. COUNTY Atchison B. COUNTY Atchison B. COUNTY Atchison B. County B. COUNTY Atchison B. County	PACE OF DEATH SOCIALY SOCIAL RESIDENCE (Where deceased lived. If institution: Residence beff COUNTY Atchison Social	MENDED	■ F		No STATE FILE NUMBER
B. CITY (if outside coperate limits, give TOWNSHIP only) Length of tay in 1b C. CITY TOWN Fairfax TOW	B. CITY (If outside corporate limits, give TOWNSHIP only) Length of stay in 1b C. CITY TOWN Fairfax T	WENDED	-	2. USUAL RESID	b. COUNTY admission.
ADDRESS Ves No No No No No No No N	ADDRESS Vest No			b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN Fairfax 6 Wks. C. CITY OR TOWN F:	Inside Lim Yes A No
Conditions, if any, which gave rise to above cause (a), hybrid cause (a), hybrid cause last.	S. SEX 6. COLOR OR RACE 7. Marriad** Never Marriad 8. DATE OF BIRTH 9. AGE (test birthday) If UNDER I VEAR IF UNDER 2.		$ _{-}$	HOSPITAL OR ADDRESS	
S. SEX S. COLOR OR RACE T. Marriedth Never Married S. DATE OF BIRTH Note	S. SEX 6. COLOR OR RACE Note Never Married 2/6/1882 80 Months Days Hours Note 16. Date			(Type or print)	of DEATH Feb. 12, 1962
Retidered dealer retired Farm feeds Nodoway Co. Mo. U.S.A. Retidered dealer Isb. Mother's Maiden Name Isb. Mother's Maiden Name	Ret.19 eed Cealer Ret.19 eeds Paral Id. Name of Husband OR Wife East Name of Husband OR Wife Eas		N	5. SEX 6. COLOR OR RACE 7. Married* Never Married 8. DATE OF BIRT Widowed Divorced 2/6/188	32 80 Months Days Hours
Pleasant Folin Sarah Shine Darger Mrs. Lucy Bolin 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or date of service) None John 0. Bolin Jr. Fairfax Mo. 16. CAUSE OF DEATH (Enter only one cause per line for (a)-(5), and (c). IMMEDIATE CAUSE (a) Conditions, if any, which gave rise to above cause (a), stating the underry lying cause last. DUE TO (b) Advanced Negative Nega	Pleasant Polin 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 18. CAUSE OF DEATH (Enter only one cause per line for (o)-45), and (c). 18. CAUSE OF DEATH (Enter only one cause per line for (o)-45), and (c). 18. CAUSE OF DEATH (Enter only one cause per line for (o)-45), and (c). 18. CAUSE OF DEATH (Enter only one cause per line for (o)-45), and (c). 18. CAUSE OF DEATH (Enter only one cause per line for (o)-45), and (c). 18. CAUSE OF DEATH (Enter only one cause per line for (o)-45), and (c). 18. CAUSE OF DEATH (Enter only one cause per line for (o)-45), and (c). 18. CAUSE OF DEATH (Enter only one cause per line for (o)-45), and (c). 19. WAS AUTOPS? 20. ACCIDENT SUICIDE HOMICIDE 20. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) 19. WAS AUTOPS? 19. WAS AUTOPS? 19. WAS AUTOPS? 20. ACCIDENT SUICIDE HOMICIDE 20. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) 20. INTERVAL BETWEE 21. I strended the deceased from 21. A STATE OF THE CONTROL OF INJURY (e.g., in or about home, but him alive on part in the causes stated. 21. I strended the deceased from 21. Destruction of the best of my knowledge, from the causes stated. 22. Deft Estimated in the best of my knowledge, from the causes stated.		Re	et. d. Feed dealer Farm feeds Nodoway	y Co.Mo. U.S.A.
18. CAUSE OF DEATM (Enter only one cause per line for (a) (5), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	18. CAUSE OF DEATM (Enter only one cause per line for (a) (5), and (c). INTERVAL BETWE ONSET AND DEATH ONS		_P	Pleasant Bolin Sarah Shinebarger 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. [17. INFORMANT]	Mrs.Lucy Bolin
IMMEDIATE CAUSE (a) Immediate CAUSE (b) Immediate CAUSE (conditions, if any, which gave rise to above cause (a), stating the understyling cause last. DUE TO (b) Immediate CAUSE (conditions, if any, which gave rise to above cause (a), stating the understyling cause last. DUE TO (b) Immediate CAUSE (conditions) DUE TO (conditions) DUE	DUE TO (b) Conditions, if any, which gave rise to above cause (a), stating the under the power interesting the under the power into the powe		- 8 🗔	fes, no, or unknown) (If yes, give war or dates of service) None John 0.1 18. CAUSE OF DEATH (Enter only one cause per line for (a) (b), and (c). PART I DEATH WAS CAUSED BY.	INTERVAL BETW
which gave rise to above cause (a), starting the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal there a pregnancy in last 90 per FERGRAGE? Yes No Unk 19. WAS AUTOPSY PERFORMED? YES No Unk 20c. TIME OF Hour Month, Day, Year INJURY OCCURRED. (Enter nature of injury in PART II of item 18.) 20c. TIME OF Hour Month, Day, Year INJURY occurred with the same per per per per per per per per per pe	Which gave rise to above cause (a), staining the under-tying cause last. DUE TO	I I I	5	IMMEDIATE CAUSE (a) 1 tomeral worms	a -
disease condition given in PART I (a) There a pregnancy in last 90	disease condition given in PART I (a) There a pregnancy in last 90			which gave rise to above cause (a), stating the under-	vos culcar Ales ioss
20c. TIME OF Hour Month, Day, Year INJURY a.m. p.m. 20d. INJURY B.m. p.m. 20d. INJURY B.m	20c. TIME OF Hout Month, Day, Year INJURY e.m., p.m. 20d. INJURY OCCURRED WHILE AT WORK 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 21. I attended the deceased from 2/1/6/2 and last saw him alive on 2/1/6/2 m on the date stated above, and to the best of my knowledge, from the causes stated. 22c. DATE SIGNATURE (Degree or tifle) 22b. ADDRESS 22c. DATE SIGNATURE			disease condition given in PART I (a)	there a pregnancy in last 90
20d. INJURY OCCURRED WHILE AT WORK 20e. PLACE OF INJURY (e.g., in or about home, NOT WHILE AT WORK 20f. CITY, TOWN, OR LOCATION COUNTY STAT STAT NOT WHILE AT WORK 20f. CITY, TOWN, OR LOCATION COUNTY STAT STAT NOT WHILE AT WORK 20f. CITY, TOWN, OR LOCATION COUNTY STAT STAT NOT WHILE AT WORK 20f. CITY, TOWN, OR LOCATION COUNTY STAT STAT NOT WHILE AT WORK 20f. CITY, TOWN, OR LOCATION COUNTY STAT STAT NOT WHILE AT WORK 20f. CITY, TOWN, OR LOCATION COUNTY STAT STAT NOT WHILE AT WORK 20f. CITY, TOWN, OR LOCATION COUNTY STAT STAT STAT STAT STAT STAT STAT ST	20d. INJURY OCCURRED WHILE AT WORK 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 21. I attended the deceased from Death occurred 2/1/6/2				RED. (Enter nature of injury in PART I or PART II of item 18.)
WHILE AT WORK farm, factory, street, office bldg., etc.) 21. I attended the deceased from 2/11/6 2 , to 1/12/6 2 and last saw him alive on 2/12/6 2 Death occurred in on the date stated above, and to the best of my knowledge, from the causes stated.	WHILE AT WORK farm, factory, street, office bldg., etc.) 21. I attended the deceased from		MEDICA		
Death occurred 12 m on the date stated above, and to the best of my knowledge, from the causes stated.	Death occurred 12 m on the date stated above, and to the best of my knowledge, from the causes stated. 22c. DATE SIGNATURE (Degree or title) 22b. ADDRESS 22c. DATE SIGNATURE			WHILE AT WORK farm, factory, street, office bldg., etc.)	
	O Contract of the second of th			Death occurred and the date stated above	ve, and to the best of my knowledge, from the causes stated.
23. BURTAL CREMATION, 23b. DATE 23c. NAME OF CEMETERY PROPERTY PROPERTY 23d. LOCATION (City, town, or county) REMOVAL Specify Burial 2/14/1962 Pleasant Ridge Fairfax Missouri 24. FUNERAL DIRECTOR ADDRESS 25. PATE RECD. BY LOCAL REG. 24. REGISTRAR'S SIGNATURE		네 [[[참	7.	M, TOTALINE DIRECTOR	

STATEMENT BY LICENSED EMBALMER

MERCANIE DO CONTRACTOR

or by			, Student Embalmer No
working under my pers	sonal supervision.	4	
Student		Signed	Parvin N. Schaeler
Sign	ature of Student Embalmer		,
uger			P. O. Address Jainfey, The
	* * * * * * * * * * * * * * * * * * *	* * * * * * * * * * * * * * * * * * * *	P. O. Address Jainfey, Mr.
Note: The abo	ve MUST BE SIGNED BY THE		R in his OWN HANDWRITING. Vailure to comply

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.