

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-006988

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

AMENDED

Registration District No. 164 Primary Registration District No. 3032 Registrar's No. 91

FILED MAR 12 1962

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY <u>Johnson</u>	b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN <u>Warrensburg,</u>	a. STATE <u>Missouri</u>	b. COUNTY <u>Johnson</u>
Length of stay in lb <u>16 Yrs.</u>		c. CITY OR TOWN <u>R.R. #3, Warrensburg,</u>	Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Warrensburg Medical Center</u>		d. STREET ADDRESS <u>R.R. #3, Warrensburg,</u>	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print)	4. DATE OF DEATH
First Middle Last <u>CLARENCE E. BOLLES</u>	Month Day Year <u>March 3rd, 1962</u>

5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>Nov. 28, 1889</u>	9. AGE (last birthday) <u>73</u>	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR Hours Min.
-----------------------	----------------------------------	---	--	-------------------------------------	---	------------------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Postal Employee</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Mail Carrier</u>	11. BIRTHPLACE (City and state or country) <u>Lawrence, Kansas.</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>
---	--	--	--

13a. FATHER'S NAME <u>James L. Bolles</u>	13b. MOTHER'S MAIDEN NAME <u>Helen Eidemiller</u>	14. NAME OF HUSBAND OR WIFE <u>Maude Leona Bolles, Deceased.</u>
--	--	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>	16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT <u>Robert Bolles, R.R. 3, Warrensburg, Mo.</u>
---	--	---

18. CAUSE OF DEATH (Enter only one cause per (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) <u>Pneumonia, Lobar, Bilateral</u>		<u>6 Weeks</u>
DUE TO (b) <u>Influenza Virus, Type unknown</u>		-
DUE TO (c)		-

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Atherosclerotic Cardio-Vascular Renal Disease</u>	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
---	--

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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.)
---	---	--

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year	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	COUNTY	STATE
---	--	--	------------------------------	--------	-------

21. I attended the deceased from <u>January 1959</u> to <u>March 3rd, 1962</u> and last saw him alive on <u>March 3rd, 1962</u> Death occurred at <u>8:30 A.M.</u> on the date stated above, and to the best of my knowledge, from the causes stated.
--

22a. SIGNATURE <u>Fith D. Jones, M.D.</u>	(Degree or title) <u>M.D., Warrensburg, Missouri.</u>	22b. ADDRESS	22c. DATE SIGNED <u>3-5-1962</u>
--	--	--------------	-------------------------------------

23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>3-6-1962</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Sunset Hill Cemetery,</u>	23d. LOCATION (City, town, or county) <u>Warrensburg, Missouri</u>
--	------------------------------	--	---

24. FUNERAL DIRECTOR <u>The Brauningers, Warrensburg, Mo.</u>	25. DATE RECD. BY LOCAL REG. <u>Mar. 6, 1962</u>	26. REGISTRAR'S SIGNATURE <u>Savannah Hutchfield</u>
--	---	---

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
 DATE AMENDED
 INSTEAD OF
 DOCUMENT
 MEDICAL CERTIFICATION
 SHOULD READ
 BY AFFIDAVIT OF

JUN 8 1962

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 W. B. Brainerd

Licensed Embalmer No. 3377

P. O. Address Warrensburg, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.