

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-002738

FILED FEB 1 1963

Registration District No. 267 Primary Registration District No. 3049 Registrar's No. 11

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

6781

8720

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9465X9

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121-0

131-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

| | | | |
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| 1. PLACE OF DEATH a. COUNTY <u>Pemiscot</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> COUNTY <u>New Madrid</u> | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Hayti</u> | | Length of stay in 1b <u>9 days</u> | c. CITY OR TOWN <u>New Madrid</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>Memorial Hospital</u> | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | d. STREET ADDRESS (If outside, give location) <u>Route 1</u> Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |

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| 3. NAME OF DECEASED (Type or print) First <u>Alma</u> Middle <u>Bolden</u> Last <u>Bolden</u> | | | 4. DATE OF DEATH Month <u>Jan.</u> Day <u>22</u> Year <u>1963</u> | | |
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|-------------------------|----------------------------------|---|---------------------------------------|-------------------------------------|--|---|
| 5. SEX <u>Female</u> | 6. COLOR OR RACE <u>Negro</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>12-16-1911</u> | 9. AGE (last birthday) <u>51</u> | IF UNDER 1 YEAR Months <u>1</u> Days <u>6</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>Housewife</u> | 10b. KIND OF BUSINESS OR INDUSTRY <u>XX</u> | 11. BIRTHPLACE (City and state or country). <u>Arlington, Ky.</u> | 12. CITIZEN OF WHAT COUNTRY <u>U. S. A.</u> |
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| 13a. FATHER'S NAME <u>Hershal Wright</u> | 13b. MOTHER'S MAIDEN NAME <u>Julia Grundy</u> | 14. NAME OF HUSBAND OR WIFE <u>XX</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>No</u> | 16. SOCIAL SECURITY NO. <u>XX</u> | 17. INFORMANT <u>Hershal Wright, Arlington, Ky.</u> |
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| 18. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Pneumonia</u> | | INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u> |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Pulmonary Embolism</u> | | <u>7 days</u> |
| DUE TO (c) _____ | | |

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| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): <u>Partial Hemiplegia right side</u> | PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown |
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| 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.) |
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| 20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____ |
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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 COUNTY STATE |
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21. I attended the deceased from Sept 1962 to _____ and last saw her/him alive on _____
Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.

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| 22a. SIGNATURE (Degree or title) <u>D.R. Hensley M.D.</u> | 22b. ADDRESS <u>Galbavon</u> | 22c. DATE SIGNED <u>1-27-63</u> |
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| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 23b. DATE <u>1-26-63</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>Arlington Cemetery</u> | 23d. LOCATION (City, town, or county) <u>Arlington, Ky.</u> |
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| 24. FUNERAL DIRECTOR <u>Osburn Funeral Home, Hayti, Mo.</u> | ADDRESS | 25. DATE RECD. BY LOCAL REG. <u>1-29-63</u> | 26. REGISTRAR'S SIGNATURE <u>Charlotte E. Sloan</u> |
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(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK OR TYPEWRITER RIBBON

FEB 4 1963

VS FEB 21 1963

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 _____

James G. Osburn

Licensed Embalmer No. 4185

P. O. Address Hayti, 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.