

FILED AUG 6 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 23786

BIRTH NO. _____		REG. DIST. NO. 224		PRIMARY REG. DIST. NO. 5796		Registrar's No. 50	
1. PLACE OF DEATH a. COUNTY <b>Moniteau Co</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Moniteau</b>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rural Walker</b>		c. LENGTH OF STAY (in this place) <b>Life</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rural Walker 0680</b>			
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>Star Rt. California, Mo</b>				d. STREET ADDRESS (If rural, give location) <b>Star Rt. California, Mo</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>Paul</b> b. (Middle) <b>Wayne</b> c. (Last) <b>Bolin</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>July 23 1951</b>				
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED. (Specify) <b>Single</b>	8. DATE OF BIRTH <b>Sept 17, 1942</b>	9. AGE (In years last birthday) <b>8</b>	# UNDER 1 YEAR Months <b>10</b> Days <b>6</b>	# UNDER 4 HRS. Hours <b></b> Min. <b></b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>None</b>		10b. KIND OF BUSINESS OR INDUSTRY <b></b>		11. BIRTHPLACE (State or foreign country) <b>Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>Brownie W. Bolin</b>		13b. MOTHER'S MAIDEN NAME <b>Emma Pierson</b>		14. NAME OF HUSBAND OR WIFE <b></b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Brownie W. Bolin</b> ADDRESS <b>Star Rt. California, Mo</b>				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Gunshot wound of chest</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (c) <b></b>  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>89190 19</b>				INTERVAL BETWEEN ONSET AND DEATH <b>1/2 hour</b>	
19a. DATE OF OPERATION <b></b>		19b. MAJOR FINDINGS OF OPERATION <b>068</b>			20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>Accident</b>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>home</b>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>California Moniteau Mo</b>				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>July 23 1951 8P.m.</b>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>Accidentally shot by .22 caliber rifle.</b>				
22. I hereby certify that I attended the deceased from <b>dead when seen</b> , 19 <b>51</b> , that I last saw the deceased alive on <b>8/15P m.</b> , 19 <b>51</b> , and that death occurred at <b>8/15P m.</b> , from the causes and on the date stated above.							
23a. SIGNATURE <b>Kenyon Lathan M.D. Corone</b> (Degree or title)			23b. ADDRESS <b></b>		23c. DATE SIGNED <b>7-24-51</b>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>7/26/51</b>	24c. NAME OF CEMETERY OR CREMATORY <b>City Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>California, Mo</b>		
DATE REC'D BY LOCAL REG. <b>7-24-51</b>		REGISTRAR'S SIGNATURE <b>H.R. Popgoy L.R. 202</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Eugene Boulton - California</b>			

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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mo

RECEIVED 8-4-51

DISTRICT HEALTH OFFICE No. 3

District File Number \_\_\_\_\_

Date Filed 8-4-51

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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed *Emel Doulin*

Signed.....  
Student Embalmer

Licensed Embalmer No. *2126*

P. O. Address *California*

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 this body is not embalmed, fact should be so stated above.