

FILED MAR 6 1952

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

5794 State File No. 5801  
4833 Registrar's No. 17

BIRTH NO.		REG. DIST. NO. 224		PRIMARY REG. DIST. NO. 4833		Registrar's No. 17	
1. PLACE OF DEATH a. COUNTY Moniteau Co				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Moniteau			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural M oreau		c. LENGTH OF STAY (in this place) 1 mo		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural P iolat Grove 0680			
d. FULL NAME OF HOSPITAL OR INSTITUTION Clarksburg Mo Rt.				d. STREET ADDRESS (If rural, give location) California, Mo Star Bt.			
3. NAME OF DECEASED (Type or Print) a. (First) Anthony b. (Middle) James c. (Last) Bolinger			4. DATE OF DEATH (Month) (Day) (Year) 2/23/52				
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Mar. 15. 1876		9. AGE (In years last birthday) 75	IF UNDER 1 YEAR Months 11	IF UNDER 24 HRS. Days 8
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Own Farm		11. BIRTHPLACE (State or foreign country) Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME John Bolinger			13b. MOTHER'S MAIDEN NAME Leana Meyer		14. NAME OF HUSBAND OR WIFE		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME ADDRESS D.M. Bolinger Clarksburg MO				
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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Antisepsis</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						INTERVAL BETWEEN ONSET AND DEATH
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE) Moniteau, Mo.		4500	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>Mar 1, 1879</u> , to <u>Feb. 23, 1952</u> , that I last saw the deceased alive on <u>Feb 23, 1952</u> , and that death occurred at <u>2 A</u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) D. H. Brewer D.D.				23b. ADDRESS California MO		23c. DATE SIGNED 2/25/52	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 2/24/52	24c. NAME OF CEMETERY OR CREMATORY Flag Springs Cent.		24d. LOCATION (City, town, or county) (State) California Mo Rt.		
DATE REC'D BY LOCAL REG. 2-25-52		REGISTRAR'S SIGNATURE H.R. Popejoy		25. FUNERAL DIRECTOR'S SIGNATURE Earl Bowlin		ADDRESS California	

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

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.....

*Frank Borulin*

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.