

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

2073

State File No.

680
1

FILED JAN 29 1952

BIRTH NO. _____ REG. DIST. NO. 223 PRIMARY REG. DIST. NO. 5795 Registrar's No. 45

1. PLACE OF DEATH a. COUNTY <u>Moniteau Co</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Moniteau</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Piola</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Piolat</u>	
c. LENGTH OF STAY (in this place) <u>16 Yrs</u>		d. STREET ADDRESS (If rural, give location) <u>Grove Latham Star Rt.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Rural Latham Star Rt?</u>		e. GROVE <u>5</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Ida</u> b. (Middle) <u>Anna</u> c. (Last) <u>Bolinger</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Jan 21/52</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Jan 12 1869</u>
9. AGE (In years last birthday) <u>83</u>		10. IF UNDER 1 YEAR Days <u>0</u>	11. IF UNDER 24 HRS. Hours <u>9</u> Min.
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>Own Home</u>	
11. BIRTHPLACE (State or foreign country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>Frank Gentzch</u>		13b. MOTHER'S MAIDEN NAME <u>Johana Peters</u>	
14. NAME OF HUSBAND OR WIFE <u>Anthony Bolinger</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, not unknown) (If yes, give branch and dates of service) <u>None</u>		16. SOCIAL SECURITY NO. <u>None</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Viola Williams Clark</u>		ADDRESS	
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>Coronary Thrombosis</u> INTERVAL BETWEEN ONSET AND DEATH <u>15 Min</u> ANTECEDENT CAUSES DUE TO (b) <u>Atherosclerosis</u> Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		<u>4201</u>	
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) <u>Moniteau Moniteau Mo</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		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>May 48</u> to <u>Dec 2 51</u> , that I last saw the deceased alive on <u>Dec 2</u> , 19 <u>51</u> , and that death occurred at <u>8230</u> St., from the causes and on the date stated above.			
23a. SIGNATURE <u>D. A. Bauer</u> (Degree or title)		23b. ADDRESS <u>California</u>	
23c. DATE SIGNED <u>1/23/52</u>			
24a. BURIAL OR CREMATION, REMOVAL (Specify)		24b. DATE <u>1/23/52</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Spring Creek California, Cal. Mo</u>		24d. LOCATION (City, town, or county) (State)	
DATE REC'D BY LOCAL REG. <u>1/23/52</u>		REGISTRAR'S SIGNATURE <u>Mr. F. W. Scott Deputy</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Ernest Boulton</u>		ADDRESS <u>California</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED JAN 28 1952

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed JAN 28 1952

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.....
Student Embalmer

Signed *Earl Bowlin*

Licensed Embalmer No. *7126*

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.