

124 69 0029518

CERTIFICATE OF DEATH

Registration District No. 224 Primary Registration District No. 5796 Registrar's No. 37

DO NOT WRITE
ON THIS STUB

9. 0
10a. 71
10b. 90
11. 0
12. 1
13. 4109
14. 9
15. 0
16. 0
17. 0
18. 0
19. CREDITS
20. 3-0

VS 300
Rev. 1/68

4. 0680

5. 90

DECEASED

USUAL RESIDENCE
WHERE DECEASED
LIVED. IF DEATH
OCCURRED IN
INSTITUTION, GIVE
RESIDENCE BEFORE
ADMISSION.

6. 0680

PARENTS

CAUSE

CERTIFIER

BURIAL

DECEASED—NAME FIRST MIDDLE LAST Brownie Walter Bolin		SEX male	DATE OF DEATH (MONTH, DAY, YEAR) July 29, 1969
1. RACE WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY) white	AGE—LAST BIRTHDAY (YEARS) 71	UNDER 1 YEAR MOS. DAYS 71	DATE OF BIRTH (MONTH, DAY, YEAR) July 10, 1898
CITY, TOWN, OR LOCATION OF DEATH California, Mo.		COUNTY OF DEATH Moniteau	
7b. STATE OF BIRTH (IF NOT IN U.S.A., NAME AND COUNTRY) Missouri		7c. HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) Jamestown Star Rt. - California, Mo.	
8. SOCIAL SECURITY NUMBER 495-09-0225		11. SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME) Emma (Pierson) Bolin	
12. USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED) Farming		13b. KIND OF BUSINESS OR INDUSTRY Own Farm	
RESIDENCE—STATE Missouri	COUNTY Moniteau	CITY, TOWN, OR LOCATION California	STREET AND NUMBER Jamestown Star Rt.
FATHER—NAME FIRST MIDDLE LAST Layfette Bolin		MOTHER—MAIDEN NAME FIRST MIDDLE LAST Louan Brizendine	
INFORMANT—NAME Emma Bolin		MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) Jamestown Star Rt. - California, Mo.	
PART I. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))			
18. IMMEDIATE CAUSE (a) Coronary Thrombosis DUE TO, OR AS A CONSEQUENCE OF: (b) Arteriosclerotic Heart Disease with Angina Pectoris DUE TO, OR AS A CONSEQUENCE OF: (c) Less than 1 hour 1 + year			
PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (G1)			
ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY) 20a.		DATE OF INJURY (MONTH, DAY, YEAR) 20b.	HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 18) 20c.
INJURY AT WORK (SPECIFY YES OR NO) 20e.		PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY) 20f.	LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, STATE) 20g.
CERTIFICATION—PHYSICIAN: I ATTENDED THE DECEASED FROM 21a.		AND LAST SAW HIM/HER ALIVE ON MONTH DAY YEAR 21c.	
CERTIFICATION—MEDICAL EXAMINER OR CORONER, ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR THE INVESTIGATION, IN MY OPINION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSE(S) STATED. 22a.		DEATH OCCURRED AT THE PLACE, ON THE DATE, AND, TO THE BEST OF MY KNOWLEDGE, DUE TO THE CAUSE(S) STATED. 22b.	
CERTIFIER—NAME (TYPE OR PRINT) R.B. Fulks		SIGNATURE R.B. Fulks MD	
MAILING ADDRESS—CERTIFIER 5764 East St		CITY OR TOWN California, Mo	
BURIAL, CREMATION, REMOVAL (SPECIFY) Burial		CEMETERY OR CREMATORY—NAME City Cemetery	
DATE July 31, 1969		FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) Bowlin Funeral Home - 100 S.Oak-California, Mo.	
FUNERAL DIRECTOR—SIGNATURE Jack R. Bowlin		REGISTRAR—SIGNATURE Florence H. Kelly	
DATE RECEIVED BY LOCAL REGISTRAR August 1 - 1969			

Type or print in
PERMANENT BLACK INK.
See handbook for instructions.

6961 9 504

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 Jack R. Bowlin

Licensed Embalmer No. 4933

P. O. Address California, 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.