

FILED JUL 23 1952

## STANDARD CERTIFICATE OF DEATH

23971

State File No. 176

Registrar's No. 176

BIRTH NO. _____		REG. DIST. NO. <u>77</u>		PRIMARY REG. DIST. NO. <u>3016</u>		State File No. <u>176</u>	
1. PLACE OF DEATH a. COUNTY <u>Jefferson</u> <u>Mo</u> <u>Cole</u>				2. USUAL RESIDENCE (Where deceased lived. If institutional 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>Jefferson City, Mo</u>				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Walker</u> <u>0680</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Marys Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>California, Mo Rt # 4.</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>Charles</u>		b. (Middle) <u>Marion</u>		c. (Last) <u>Bolin</u>	
4. DATE OF DEATH		(Month) <u>7</u> (Day) <u>19</u> (Year) <u>52</u>					
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH	
9. AGE (In years last birthday) <u>29</u>		10. MONTH <u>7</u> DAY <u>29</u>		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Francis Bolin</u>		13b. MOTHER'S MAIDEN NAME <u>Elsie Tindel</u>		14. NAME OF HUSBAND OR WIFE <u>Deceased</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>Yes</u>		16. SOCIAL SECURITY NO. <u>495-12-0708</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Francis Bolin, California, Mo</u>		ADDRESS <u>California, Mo</u>	
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral edema</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Skull fractures contusion &amp; concussion of brain</u> DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Fractured femur. Shock</u> <u>contusions of face.</u>				INTERVAL BETWEEN ONSET AND DEATH <u>July 16 - 19</u>  <u>July 11 - 19</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		126		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Cole</u> <u>Mo</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>July 16 52 P.M.</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Car wreck</u>			
22. I hereby certify that I attended the deceased from <u>July 16, 1952</u> , to <u>July 19, 1952</u> , that I last saw the deceased alive on <u>July 19, 1952</u> , and that death occurred at <u>3730P</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>William A. Cox M.D.</u> (Degree or title)				23b. ADDRESS <u>125 E 16th St Jefferson Mo</u>		23c. DATE SIGNED <u>7/21/52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>7/21/52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>City Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>California, Mo</u>	
DATE REC'D BY LOCAL REG. <u>July 21-1952</u>		REGISTRAR'S SIGNATURE <u>R. P. Harris M.D.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Frank Bowlin, California</u>		ADDRESS <u>California</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

AUG 8 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.....

*Earl Franklin*

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.