

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

23996

State File No.

FILED JUL 22 1952

BIRTH NO.		REG. DIST. NO. <u>80</u>		PRIMARY REG. DIST. NO. <u>5306</u>		Registrar's No. <u>12</u>	
1. PLACE OF DEATH a. COUNTY <u>Cole</u> b. CITY OR TOWN <u>Rural</u> c. LENGTH OF STAY (in this place) <u>Jefferson in Route</u> d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Near St. Martins, Mo</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Moniteau</u> c. CITY OR TOWN <u>Rural</u> d. STREET ADDRESS (If rural, give location) <u>Rt. # 4. California, Mo</u>			
3. NAME OF DECEASED a. (First) <u>Velma</u> b. (Middle) <u>Margrett</u> c. (Last) <u>Bolin</u>				4. DATE OF DEATH (Month) (Day) (Year) <u>7/16/52</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>Mar 30. 1921</u>	
9. AGE (In years last birthday) <u>31</u>		10. MONTHS <u>3</u>		11. DAYS <u>16</u>		12. IF UNDER 1 YEAR Hours <u></u> Mins. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House Wife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Own Home</u>		11. BIRTHPLACE (State or foreign country) <u>0 klahoma</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Jess W. Martin</u>		13b. MOTHER'S MAIDEN NAME <u>Edna Andrews</u>		14. NAME OF HUSBAND OR WIFE <u>Chas Marion Bolin</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Jess W. Martin</u> ADDRESS <u>California</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>Ruptured Spleen and Fractured Skull</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u></u> DUE TO (c) <u></u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u></u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>Autopsy 7-16-52</u>				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.) <u>Highway 3-4</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>St Martins Cole Mo</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>July 16 1952</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 Collision</u>			
22. I hereby certify that I attended the deceased from <u>July 16, 1952</u> , as <u>Coroner</u> , that I last saw the deceased alive on <u></u> , 19 <u></u> , and that death occurred at <u></u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>Dr. Bruce M. Barone</u>		23b. ADDRESS <u>34 Madison Jefferson City Mo</u>		23c. DATE SIGNED <u>7-18-52</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>7/19/1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>City Cemetery Calif.</u>		24d. LOCATION (City, town, or county) (State) <u>California, Mo</u>	
DATE REC'D BY LOCAL REG. <u>July 19</u>		REGISTRAR'S SIGNATURE <u>Mrs. M. Nitter</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>East Bonline</u> ADDRESS <u>California</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

29 1952

AUG 6 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 R. Boulton

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.