

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **41793**

FILED DEC 21 1949

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **221** PRIMARY REG. DIST. NO. **5793** Registrar's No. **8**

1. PLACE OF DEATH a. COUNTY <b>Moniteau Co</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission): a. STATE <b>Missouri</b> b. COUNTY <b>Moniteau</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rural Linn</b>	c. LENGTH OF STAY (in this place) <b>2 Yrs</b>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rural Linn 68</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Jamestown, Mo. Rt #2</b>		d. STREET ADDRESS (If rural, give location) <b>Jamestown, Mo. Rt #2</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>Benjamin</b>	b. (Middle) <b>J</b>	c. (Last) <b>Boillot</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>Dec 13 1949</b>
---	----------------------	--------------------------	---

5. SEX <b>Male</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Aug. 2, 1878</b>	9. AGE (In years last birthday) <b>71</b>	IF UNDER 1 YEAR (Month) (Day) <b>4 11</b>	IF UNDER 24 HRS. (Hour) (Min.)
--------------------	-------------------------------	---	--------------------------------------	---	---	--------------------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <b>Missouri</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
---	-----------------------------------	---	--

13a. FATHER'S NAME <b>Jule Boillot</b>	13b. MOTHER'S MAIDEN NAME <b>Mary Cramer</b>	14. NAME OF HUSBAND OR WIFE <b>Rose Boillot</b>
--	--	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>	16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME <b>J.B. Boillot</b> ADDRESS <b>Boonville, Mo.</b>
--	-------------------------------------	---

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, asthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary Thrombosis</b>		INTERVAL BETWEEN ONSET AND DEATH <b>30 min.</b>
	ANTECEDENT CAUSES Morbidity 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.		

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) <b>Linn</b> (COUNTY) <b>Moniteau</b> (STATE) <b>Mo</b>
--	--	---

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	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 **See 13, 1949** to **See 13, 1949**, that I last saw the deceased alive on **10/30/49**, and that death occurred at **10/30/49**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>D. O. Boonville, Mo.</b>	23b. ADDRESS <b>Boonville, Mo.</b>	23c. DATE SIGNED <b>12/14/49</b>
--	------------------------------------	----------------------------------

24a. BURIAL, CREMATION, REMAINS (Specify) <b>Burial</b>	24b. DATE <b>Dec. 16, 1949</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Walnut Grove Cemt</b>	24d. LOCATION (City, town, or county) (State) <b>Boonville Mo</b>
---	--------------------------------	---	---

DATE REC'D BY LOCAL REG. <b>12-15-1949</b>	REGISTRAR'S SIGNATURE <b>Edam Snow</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Earl R. Paulin</b> ADDRESS <b>California</b>
--	--	--

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

68

0

0

4201

776

District File Number \_\_\_\_\_  
District Health Officer No. 8,  
RECEIVED 12/19/49

1952  
JUL 9

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 \_\_\_\_\_  
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.