

FILED SEP 28 1950

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. 31171

BIRTH NO. _____ REG. DIST. NO. 245 PRIMARY REG. DIST. NO. 3047 Registrar's No. 91

1. PLACE OF DEATH a. COUNTY <u>NEWTON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>NEWTON</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>NEOSHO</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>NEOSHO</u> <u>0732</u>	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) <u>1002 FREEMAN ROAD</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>1002 FREEMAN ROAD</u>			
3. NAME OF DECEASED a. (First) <u>JEFFERSON</u> b. (Middle) <u>M</u> c. (Last) <u>BOULING</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>SEPT 5 1950</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 <u>MAY 12 1858</u>	
9. AGE (In years last birthday) <u>92</u> If under 1 year: Months <u>3</u> Days <u>23</u> If under 12 hrs. Hours <u></u> Min. <u></u>		11. BIRTHPLACE (State or foreign country) <u>KENTUCKY</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u>		10b. KIND OF BUSINESS OR INDUSTRY	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
13a. FATHER'S NAME <u>UNKNOWN</u>		13b. MOTHER'S MAIDEN NAME <u>UNKNOWN</u>	
14. NAME OF HUSBAND OR WIFE <u>MARY BOULING</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>NONE</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Bob CREWS</u> ADDRESS <u>NEOSHO 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>Carcinoma of Liver</u> INTERVAL BETWEEN ONSET AND DEATH <u>6 months</u> ANTECEDENT CAUSES Morbid 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 checked="" 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); (COUNTY); (STATE)			
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>Aug 30, 1950</u> , to <u>Sept 5, 1950</u> , that I last saw the deceased alive on <u>Sept 4, 1950</u> , and that death occurred at <u>5:35 a.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Jefferson M. Bowling</u>		23b. ADDRESS <u>Neosho Mo</u>	
23c. DATE SIGNED <u>9-11-50</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>9-7-1950</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>BELFAST</u>		24d. LOCATION (City, town, or county) (State) <u>NEOSHO NEWTON MO</u>	
DATE REC'D BY LOCAL REG <u>Sept. 11, 1950</u>		REGISTRAR'S SIGNATURE <u>Melvin C. Bowman</u> ADDRESS <u>229</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Carley Thompson</u>		ADDRESS <u>Neosho Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

0732
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RECEIVED

District Health Officer No. NEWTON COUNTY HEALTH DEPT.

District File Number 950-206

Date Filed SEP 19 1950

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 Kenneth Patterson

Licensed Embalmer No. 4697

P. O. Address Missouri, 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 this body is not embalmed, fact should be so stated above.