

FILED NOV 20 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 36664

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 988

1. PLACE OF DEATH a. COUNTY GREENE		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY Greene	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN SPRINGFIELD MO		c. LENGTH OF STAY (in this place) 2 YRS	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION BURGER-CONLEY-REST HOME		d. STREET ADDRESS (If rural, give location) RED # 4	
3. NAME OF DECEASED (Type or Print) a. (First) PETER. b. (Middle) RAYMOND. c. (Last) BOILLOT		4. DATE OF DEATH (Month) (Day) (Year) Nov 9-1950	
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) DIVORCED 3	8. DATE OF BIRTH JULY-16-1881
9. AGE (In years last birthday) 69		IF UNDER 1 YEAR Months Days	IF UNDER 18 Hrs. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER	10b. KIND OF BUSINESS OR INDUSTRY FARMING	11. BIRTHPLACE (State or foreign country) OSAGE-COUNTY. MO	12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME PAUL T. BOILLOT		13b. MOTHER'S MAIDEN NAME SARAH BUNCH	
14. NAME OF HUSBAND OR WIFE Divorced			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) Unknown		16. SOCIAL SECURITY NO. Unknown	
17. INFORMANT'S SIGNATURE OR NAME Paul Boillot		ADDRESS Waynesville Mo	
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertension severe & DUE TO (c) Arteriosclerosis severe. 2. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 331X	
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) m.		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 Oct , 19 48 , to 9 Nov , 19 50 , that I last saw the deceased alive on 9 Nov , 19 50 , and that death occurred at 8:15 A. m. , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) Stanley A. Peterson MD		23b. ADDRESS Springfield Missouri	
23c. DATE SIGNED 9 Nov 1950			
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 10/10/50	
24c. NAME OF CEMETERY OR CREMATORY AVILLA-CEMETERY		24d. LOCATION (City, town, or county) (State) AVILLA MO	
DATE REC'D BY LOCAL REG. 11-13-50		REGISTRAR'S SIGNATURE W E Handley MD	
25. FUNERAL DIRECTOR'S SIGNATURE J B Surridge		ADDRESS Marionville MO	

(Licensed Embalmer's Statement on Reverse Side)

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

0396
4

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..... *Herman Lurridge*

Licensed Embalmer No. *5072*

P. O. Address *Marionville*

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.