

FILED APR 20 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 13315

BIRTH NO. _____ REG. DIST. NO. 221 PRIMARY REG. DIST. NO. 5193 Registrar's No. 26

1. PLACE OF DEATH a. COUNTY <u>Moniteau</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: 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>Sandyhook, Mo.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Sandyhook</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>At Home</u>		d. STREET ADDRESS (If rural, give location) <u>0</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>VICTOR</u> b. (Middle) <u>ORVILLE</u> c. (Last) <u>BOILLOT</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Apr. 13, 1951</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>Aug. 21, 1892</u>
9. AGE (In years last birthday) <u>58</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	11. BIRTHPLACE (State or foreign country) <u>Osage County</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY <u>Farmer</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>Julius Boillot</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Kramer</u>	14. NAME OF HUSBAND OR WIFE <u>Amelia Boillot</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>496-12-0199</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Amelia Boillot, Sandyhook, 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>Cardio-vascular disease</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>	
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) <u>2:55 PM 4/13/51</u>	21e. INJURY OCCURRED WHILE AT WORK <input checked="" 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>March 8, 1951</u> , to <u>April 13, 1951</u> , that I last saw the deceased alive on <u>April 11, 1951</u> , and that death occurred at <u>4:45 P. m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>Eagan R. Kibbs M.D.</u>		23b. ADDRESS <u>California Mo</u>	23c. DATE SIGNED <u>4/14/51</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>4/15/51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>City Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>California, Moniteau, Mo.</u>
DATE REC'D BY LOCAL REG. <u>April 17 - 1951</u>	REGISTRAR'S SIGNATURE <u>Edna M. Snow</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>WILLIAMS FUNERAL HOME, California, Mo</u>	

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

0680

RECEIVED 4-19-61
DISTRICT HEALTH OFFICE No. 3
District File Number _____
Date Filed, 4-19-61 _____

MAY 24 1952

MAY 15 1952

AUG 18 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 Hugh E. Williams
Licensed Embalmer No. 3537

Signed.....
Student Embalmer

P. O. Address California 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.