

FILED JUL 6 - 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

21796

State File No. \_\_\_\_\_

20  
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

|  |  |  |   |  |  |  |   |  |
|--|--|--|---|--|--|--|---|--|
| BIRTH NO. _____  |  | REG. DIST. NO. <u>337</u>  |   | PRIMARY REG. DIST. NO. <u>4499</u>   |  | Registrar's No. <u>49</u>  |   |  |
| 1. PLACE OF DEATH<br>a. COUNTY <u>Shelby</u>   |  |  |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <u>Missouri</u> b. COUNTY <u>Shelby</u> |  |  |   |  |
| b. CITY (If outside corporate limits, write RURAL and give township)<br>OR<br>TOWN <u>Shelbina</u>   |  | c. LENGTH OF STAY (In this place)<br><u>18 months</u>  |   | c. CITY (If outside corporate limits, write RURAL and give township)<br>OR<br>TOWN <u>Clarence</u>   |  | <u>1020</u>  |   |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Martin Nursing Home</u>   |  |  |   | d. STREET ADDRESS (If rural, give location)<br><u>X</u>  |  |  |   |  |
| 3. NAME OF DECEASED<br>(Type or Print)<br>a. (First) <u>Mary</u><br>b. (Middle) <u>S</u><br>c. (Last) <u>Boling</u>  |  |  | 4. DATE OF DEATH<br>(Month) (Day) (Year)<br><u>June 21st 1951</u> |  |  |  |   |  |
| 5. SEX <u>Female</u>   |  | 6. COLOR OR RACE <u>White</u>  |   | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)<br><u>Widowed</u>   |  | 8. DATE OF BIRTH<br><u>4-30-1866</u>                                 |   |  |
| 9. AGE (In years last birthday)<br><u>85</u>   |  | IF UNDER 1 YEAR<br>Months <u>0</u> Days <u>21</u>  |   | IF UNDER 10 HRS.<br>Hours <u>  </u> Min. <u>  </u>   |  |  |   |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>House work</u>   |  |  | 10b. KIND OF BUSINESS OR INDUSTRY<br><u>  </u>                    |  | 11. BIRTHPLACE (State or foreign country)<br><u>Audrain Co Mo.</u> |  | 12. CITIZEN OF WHAT COUNTRY?<br><u>U.S.A.</u>                                       |  |
| 13a. FATHER'S NAME<br><u>Not Known</u>   |  |  | 13b. MOTHER'S MAIDEN NAME<br><u>Not Known</u>                     |  |  | 14. NAME OF HUSBAND OR WIFE<br><u>Wm Boling Deceased</u>             |   |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service)<br><u>No</u>   |  | 16. SOCIAL SECURITY NO.<br><u>X</u>  |   | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS<br><u>John Boling Clarence Mo.</u>   |  |  |   |  |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c):<br><br>*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<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cancer of the stomach</u><br><br>ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br><br>DUE TO (b) _____<br><br>DUE TO (c) _____<br><br>II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death. |   |  |  |  | INTERVAL BETWEEN ONSET AND DEATH<br><u>2 yrs.</u>                                   |  |
| 19a. DATE OF OPERATION   |  | 19b. MAJOR FINDINGS OF OPERATION<br><br><u>151 X</u>   |   |  |  |  | 20. AUTOPSY?<br>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>May 20, 1951</u> , to <u>June 18, 1951</u> , that I last saw the deceased alive on _____, 19____, and that death occurred at <u>10:15A</u> m., from the causes and on the date stated above. |  |  |   |  |  |  |   |  |
| 23a. SIGNATURE (Degree or title)<br><u>Howard U Dutton</u>   |  |  |   | 23b. ADDRESS<br><u>1002 Bethel Mo.</u>   |  | 23c. DATE SIGNED<br><u>June 23, 51</u>                               |   |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>Burial</u>   |  | 24b. DATE<br><u>6/23/51</u>  |   | 24c. NAME OF CEMETERY OR CREMATORY<br><u>Maplewood Cemetery</u>  |  | 24d. LOCATION (City, town, or county) (State)<br><u>Clarence Mo.</u> |   |  |
| DATE REC'D BY LOCAL REG.<br><u>6-25-51</u>   |  | REGISTRAR'S SIGNATURE<br><u>Ada Garrison</u>   |   | 25. FUNERAL DIRECTOR'S SIGNATURE<br><u>Burkelew + Hawkins</u>  |  | ADDRESS<br><u>Shelbina, Mo</u>                                       |   |  |

Date Received: JUL 2 1951  
DISTRICT HEALTH OFFICE #2  
District File Number 7-51-1197  
Date Filed: JUL 3 1951

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.

Signed.....  
Student Embalmer

Student Embalmer No. ....  
Signed *Henry G. Dackel*  
Licensed Embalmer No. 3835  
P. O. Address *Shelburne, 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.