

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

State File No. **32398**

FILED SEP 24 1951

BIRTH NO. _____		REG. DIST. NO. <u>376</u>		PRIMARY REG. DIST. NO. <u>4560</u>		Registrar's No. <u>8</u>	
1. PLACE OF DEATH a. COUNTY <u>Wright</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Wright</u>			
b. CITY OR TOWN <u>Norwood</u>		c. LENGTH OF STAY (in this place) <u>47 Yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Norwood</u> <span style="float: right;">1141</span>			
d. FULL NAME OF HOSPITAL OR INSTITUTION _____				d. STREET ADDRESS (If rural, give location) _____			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Ella</u> b. (Middle) <u>Jane</u> c. (Last) <u>Bouldin</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>7-16-51</u>				
5. SEX <u>F</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed 2</u>	8. DATE OF BIRTH <u>1-18-1869</u>		9. AGE (In years last birthday) <u>82</u>	IF UNDER 1 YEAR Months <u>6</u> Days <u>1</u>	IF UNDER 24 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) _____			10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>Wright County, Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13a. FATHER'S NAME <u>John Odle</u>			13b. MOTHER'S MAIDEN NAME <u>Triphenia Rippee</u>		14. NAME OF HUSBAND OR WIFE <u>T. B. Bouldin</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. _____	17. INFORMANT'S SIGNATURE OR NAME <u>Lee Bouldin</u> ADDRESS <u>Springfield, 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>Cerebral Hemorrhage</u> INTERVAL BETWEEN ONSET AND DEATH <u>14 days</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis</u>  DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Carcinoma Left Breast</u>					
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) (COUNTY) (STATE) <u>331X H</u>			
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 <u>July 4, 1951</u> , to <u>July 16, 1951</u> , that I last saw the deceased alive on <u>July 16, 1951</u> , and that death occurred at <u>9:20 P.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>W. J. Zimmerman</u> (Degree or title) _____				23b. ADDRESS <u>1002 Mansfield Mo</u>		23c. DATE SIGNED <u>7/26/51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>7-18-1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Steele Memorial</u>		24d. LOCATION (City, town, or county) (State) <u>Hartville, Mo.</u>		
DATE REC'D BY LOCAL REG. <u>Aug 8-1951</u>		REGISTRAR'S SIGNATURE <u>Mrs. A. R. Washem</u> <span style="float: right;">347</span>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Gene E. Halder</u> ADDRESS <u>Hartville, Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

#  
140

WRIGHT CO. HEALTH DEPT.  
COUNTY FILE NUMBER 95-1-80  
DATE FILED APR 29 1957

APR 29 1957

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 Gen. E. Haldren

Licensed Embalmer No. 3865

P. O. Address Hartsville, 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.