

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **12703**

FILED APR 28 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **137** PRIMARY REG. DIST. NO. **3023** Registrar's No. **5**

1. PLACE OF DEATH a. COUNTY <b>Henry</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Cass</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Clinton</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Garden City 0190</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Highway 35</b>		d. STREET ADDRESS (If rural, give location) <b>1</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>Adams</b> b. (Middle) <b>Rubenech</b> c. (Last) <b>Boolis</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>April 21-1952</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>0</b>	8. DATE OF BIRTH <b>Feb. 12-1886</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>House Keeper</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Same</b>	9. AGE (In years last birthday) <b>66</b>
		11. BIRTHPLACE (State or foreign country) <b>U</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>

13a. FATHER'S NAME <b>William James Boolis</b>	13b. MOTHER'S MAIDEN NAME <b>Lucy Stair</b>	14. NAME OF HUSBAND OR WIFE <b>Mr. John Boolis Garden City, Missouri</b>
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. <b>NONE</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Mr. John Boolis</b>
		ADDRESS <b>Garden City, Missouri</b>

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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>FRACTURED SKULL and MULTIPLE LACERATIONS</b>		INTERVAL BETWEEN ONSET AND DEATH <b>INSTANT</b>
	ANTECEDENT CAUSES  Morbidity 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 (Specify) <b>ACCIDENT</b>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>HIGHWAY 35 HENRY CO</b>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>HENRY MO</b>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>APRIL 21 1952 5:30 p.m.</b>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>AUTO ACCIDENT</b>

22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at **5:30 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>Hugh B. Walker, MD</b>	(Degree or title) <b>Coroner</b>	23b. ADDRESS <b>Clinton, MO</b>	23c. DATE SIGNED <b>24 April 1952</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Buried</b>	24b. DATE <b>APR. 24 1952</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Clear Fork Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Garden City, Missouri</b>
DATE REC'D BY LOCAL REG <b>April 21-52</b>		REGISTRAR'S SIGNATURE <b>Florence Odair</b>	
		25. FUNERAL DIRECTOR'S SIGNATURE <b>Atkinson &amp; Dickey</b>	
		ADDRESS <b>Garden City, Missouri</b>	

(Licensed Embalmer's Statement on Reverse Side)

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

2021 6 10

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 \_\_\_\_\_

*Living J. Sherry*

Signed.....  
Student Embalmer

Licensed Embalmer No. *4685*

P. O. Address *Shelton City, MD.*

**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.