S. No. 300
v. 10.48

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FILED JAN 12 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 41671

BIRTH NO. _____ REG. DIST. NO. 44 PRIMARY REG. DIST. NO. 5149 Registrar's No. 2

1. PLACE OF DEATH
a. COUNTY: Caldwell
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Gomer Twp.
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Caldwell
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Gomer Twp.
d. STREET ADDRESS (If rural, give location): 5½ M. S.E. Hamilton

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3. NAME OF DECEASED (Type or Print)
a. (First): WINEFRED
b. (Middle): LODENA
c. (Last): BOUTWELL

4. DATE OF DEATH (Month) 12 (Day) 29 (Year) 1952

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Jan. 1, 1888
9. AGE (In years last birthday): 64 — If under 1 year: Months 11, Days 17, Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Wife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Caldwell Co. Mo.
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Levi Connor
13b. MOTHER'S MAIDEN NAME: Sarah Granville
14. NAME OF HUSBAND OR WIFE: Glen Boutwell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME: Glen Boutwell **ADDRESS**: Hamilton 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: 2 days

ANTECEDENT CAUSES
Morbid 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: 4201
20. AUTOPSY? YES ☐ NO ☐

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) Hamilton (COUNTY) Caldwell (STATE) Mo.
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan, 1949, *to* Dec 27, 1952, *that I last saw the deceased alive on* Dec 21, 1952, *and that death occurred at* 11:15 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE Frank R. Daley, MD (Degree or title)
23b. ADDRESS Hamilton, Mo.
23c. DATE SIGNED 12-31-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 1-1-1953
24c. NAME OF CEMETERY OR CREMATORY: New York
24d. LOCATION (City, town, or county) Hamilton (State) Mo.

DATE REC'D BY LOCAL REG.: 1-4-53
REGISTRAR'S SIGNATURE: Mrs. Nell B. Jones
25. FUNERAL DIRECTOR'S SIGNATURE Bram Funeral Home **ADDRESS** Hamilton, Mo.

373 - 1 (Licensed Embalmer's Statement on Reverse Side)

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

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 R. Lester Bram

Signed.....
Student Embalmer

Licensed Embalmer No. 4472

P. O. Address Hamilton Mt

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.