

FILED JAN 19 1953

STANDARD CERTIFICATE OF DEATH

State File No. 4425

BIRTH NO. REG. DIST. NO. 724 PRIMARY REG. DIST. NO. 3072 Registrar's No. 10

1. PLACE OF DEATH a. COUNTY Saline		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Saline	
b. CITY (If outside corporate limits, write RURAL and give town) Marshall		c. CITY (If outside corporate limits, write RURAL and give township) Marshall	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1010 E. Eastwood		d. STREET ADDRESS 1010 E. Eastwood	

3. NAME OF DECEASED a. (First) CLARENCE b. (Middle) THEODORE c. (Last) BOULWARE			4. DATE OF DEATH (Month) (Day) (Year) Jan. 9, 1953		
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never married	
8. DATE OF BIRTH Dec. 2, 1896		9. AGE (In years last birthday) 56		IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Proprietor		10b. KIND OF BUSINESS OR INDUSTRY Dry Cleaning		11. BIRTHPLACE (State or foreign country) Missouri	
12. CITIZEN OF WHAT COUNTRY U.S.A.					

13a. FATHER'S NAME Thomas H. Boulware		13b. MOTHER'S MAIDEN NAME Lucy Owens		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give year or dates of service) Yes WW I		16. SOCIAL SECURITY NO. 495-36-6746		17. INFORMANT'S SIGNATURE OR NAME Mrs J.R. Napton ADDRESS Marshall, 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) Gun shot wound in mouth, Instant			INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Self inflicted					
DUE TO (c)					
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. E976X					

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) Suicide		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) at home		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Marshall Saline, Mo.	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Jan. 9 1953 3:30 p.m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? Self inflicted with shot gun	
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22. I hereby certify that I attended the deceased on investigation **Jan 9, 1953**, 19___, that I last saw the deceased alive on ____, 19___, and that death occurred at **3:30 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE C. Lawrence M.P. Croner (Degree or title) 3		23b. ADDRESS Marshall, Mo.		23c. DATE SIGNED 1-11-53	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 1-11-1953		24c. NAME OF CEMETERY OR CREMATORY Ridge Park Cem.	
				24d. LOCATION (City, town, or county) (State) Marshall Mo.	

DATE REC'D BY LOCAL REG. Jan. 11-1953		REGISTRAR'S SIGNATURE Sidney J Gray 385		25. FUNERAL DIRECTOR'S SIGNATURE Harry Hershberger ADDRESS Marshall Mo	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FEB 3 1953

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 Joseph R. Mackler

Licensed Embalmer No. 4571

P. O. Address Marshall, M

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.