

S. No. 300
V. 10.48

FILED MAR 19 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

10205

State File No.

BIRTH NO. _____ REG. DIST. NO. 146 PRIMARY REG. DIST. NO. 3368 Registrar's No. 104

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural 2 Mi. N. Indep.</u> (Blue)		c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Blue</u> <u>7000</u>	
c. LENGTH OF STAY in this place <u>12 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>RR1 2 Mi. N. of Indep.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>R.R.1 Courtney Road</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>MRS. SALLYE</u> b. (Middle) <u>MADDEN</u> c. (Last) <u>BOULDIN</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Mar. 8, 1953</u>	
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5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>Feb. 11, 1873</u>		9. AGE (In years last birthday) <u>80</u>		10. UNDER 1 YEAR Months		10. UNDER 1 YEAR Days		10. UNDER 1 YEAR Hours		10. UNDER 1 YEAR Min.	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>At Home</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Decatur, Alabama</u>				12. CITIZEN OF WHAT COUNTRY?			
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13a. FATHER'S NAME <u>James S. Britain</u>			13b. MOTHER'S MAIDEN NAME <u>Sarah Benhem</u>			14. NAME OF HUSBAND OR WIFE <u>Richard Bouldin Dec.</u>					
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. N.B. Small RR1 Indep. Mo.</u>							
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION										INTERVAL BETWEEN ONSET AND DEATH	
<p>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</p>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u>										<u>40 hours</u>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertension</u>											
		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 <u>331X</u>										20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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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)			
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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?			
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22. I hereby certify that I attended the deceased from 5-4, 1948, to 3-8, 1953 that I last saw the deceased alive on March 8, 1953, and that death occurred at 10:20 m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Ethel Watson MD</u>				23b. ADDRESS <u>129 W Lexington</u>				23c. DATE SIGNED <u>3-10-53</u>			
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>Mar. 1, 1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Decatur, Alabama</u>				24d. LOCATION (City, town, or county) (State) <u>Decatur Ala.</u>			
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DATE REC'D BY LOCAL REG. <u>3-11-53</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>				25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>[Signature] Indep. Mo.</u>			
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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 me

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Henry S. Mitchell

Licensed Embalmer No. 3925

P. O. Address Indep. 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.