

No. 300  
10.48

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

13979

State File No. ~~28~~

FILED MAY 11 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 141 PRIMARY REG. DIST. NO. 3025 Registrar's No. 34

461

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

1. PLACE OF DEATH a. COUNTY <u>Howell</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Howell</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>West Plains</u>	c. LENGTH OF STAY (If this place) <u>14 hours</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Willow Springs</u> <u>0460</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Christa Hogan Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>8</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Carolina</u>	b. (Middle) <u>Carter</u>	c. (Last) <u>Bolerjack</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>4-23-53</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>Widow</u>	8. DATE OF BIRTH <u>1875</u> <u>April 23, 1875</u>	9. AGE (In years last birthday) <u>78</u>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	IF UNDER 1 MIN. Hours	IF UNDER 1 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Illinois</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>	
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13a. FATHER'S NAME <u>Robert Carter</u>		13b. MOTHER'S MAIDEN NAME <u>Melinda Shelton</u>		14. NAME OF HUSBAND OR WIFE <u>E. A. Bolerjack</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>Gladys Barrett, West Plains, 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
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Infarction, myocardial</u>						<u>Acute</u>
	ANTECEDENT CAUSES						<u>(18 hrs.)</u>
	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 <u>4201</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) (m.)		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 January, 1951, to April 23, 1953, that I last saw the deceased alive on April 22, 1953, and that death occurred at 2:15 pm., from the causes and on the date stated above.

23a. SIGNATURE <u>[Signature]</u> (Degree or title)		23b. ADDRESS <u>Willow Springs, Mo.</u>		23c. DATE SIGNED <u>4/24/53</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>4/24/53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Center Hill</u>	24d. LOCATION (City, town, or county) (State) <u>5 mi. south of Mt. View, Mo.</u>		
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DATE REC'D BY LOCAL REG. <u>5-4-53</u>	REGISTRAR'S SIGNATURE <u>Beatrice Cook</u> <u>379</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>J. P. Burns Willow Springs, Mo.</u>		
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**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 *Fred W. Barnes*

Licensed Embalmer No. *4614*

P. O. Address *Willow Springs, 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.