

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

**20921**

State File No. ....

FILED JUL 13 1953

BIRTH NO. 34740 REG. DIST. NO. 53 PRIMARY REG. DIST. NO. 3010 Registrar's No. 195

|  |  |   |  |
|--|--|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Cape Girardeau</u>   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>a. STATE <u>Illinois</u> b. COUNTY <u>Alvander</u> |  |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Cape Girardeau</u> |  | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Shelby</u>  |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Francis Hosp.</u>                                   |  | d. STREET ADDRESS (If rural, give location) <u>Gen. Del. 8128</u>   |  |

|                                     |                         |                        |                         |  |
|-------------------------------------|-------------------------|------------------------|-------------------------|--|
| 3. NAME OF DECEASED (Type or Print) | a. (First) <u>Becky</u> | b. (Middle) <u>Ann</u> | c. (Last) <u>BOLAND</u> | 4. DATE OF DEATH (Month) (Day) (Year) <u>July 2-1953</u> |
|-------------------------------------|-------------------------|------------------------|-------------------------|--|

|                      |                               |   |                                      |   |
|----------------------|-------------------------------|---|--------------------------------------|---|
| 5. SEX <u>Female</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never</u> | 8. DATE OF BIRTH <u>June 16-1953</u> | 9. AGE (In years last birthday) <u>—</u> if UNDER 1 YEAR <u>—</u> if UNDER 1 HRS. <u>6</u> Hours <u>—</u> Min. <u>—</u> |
|----------------------|-------------------------------|---|--------------------------------------|---|

|   |                                   |   |  |
|---|-----------------------------------|---|--|
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (City and State or Foreign Country) <u>Cape Girardeau Mo</u> | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> |
|---|-----------------------------------|---|--|

|                                       |   |                             |
|---------------------------------------|---|-----------------------------|
| 13a. FATHER'S NAME <u>R.C. Boland</u> | 13b. MOTHER'S MAIDEN NAME <u>Bette Roudal</u> | 14. NAME OF HUSBAND OR WIFE |
|---------------------------------------|---|-----------------------------|

|  |                                  |  |
|--|----------------------------------|--|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes or unknown) <u>No</u> (If yes, state war or dates of service) | 16. SOCIAL SECURITY NO. <u>—</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>R.C. Boland</u> ADDRESS <u>Shelby Ill</u> |
|--|----------------------------------|--|

|   |   |  |  |
|---|---|--|--|
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*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   |  | INTERVAL BETWEEN ONSET AND DEATH<br><u>5 hrs</u> |
|   | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Congenital heart</u>  |  |  |
|   | ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br><br>DUE TO (b) _____<br>DUE TO (c) _____ |  |  |
| II. OTHER SIGNIFICANT CONDITIONS<br>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 SUICIDE HOMICIDE (Specify) <u>NO</u> | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) |
|--|--|---|

|   |  |                                     |
|---|--|-------------------------------------|
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. <u>—</u> | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR? <u>—</u> |
|---|--|-------------------------------------|

22. I hereby certify that I attended the deceased from 6:26, 1953, to 7:2, 1953, that I last saw the deceased alive on 7-2, 1953, and that death occurred at 8p m., from the causes and on the date stated above.

|   |                                       |                                |
|---|---------------------------------------|--------------------------------|
| 23a. SIGNATURE (Degree or title) <u>[Signature]</u> | 23b. ADDRESS <u>Cape Girardeau Mo</u> | 23c. DATE SIGNED <u>7-3-53</u> |
|---|---------------------------------------|--------------------------------|

|   |                         |   |   |
|---|-------------------------|---|---|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>7-3-53</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Shelby Cem.</u> | 24d. LOCATION (City, town, or county) (State) <u>Shelby Ill</u> |
|---|-------------------------|---|---|

|  |  |      |  |
|--|--|------|--|
| DATE REC'D BY LOCAL REG. <u>7-8-53</u> | REGISTRAR'S SIGNATURE <u>C. C. Summers</u> | 44-0 | 25. FEDERAL DIRECTOR'S SIGNATURE <u>[Signature]</u> ADDRESS <u>Cape Girardeau Mo</u> |
|--|--|------|--|

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

300  
48

04  
0

**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 *Walter E. Palmer*

Licensed Embalmer No. \_\_\_\_\_

P. O. Address \_\_\_\_\_

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.