

v. 10.48 FILED JUL 25 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 25887

BIRTH NO. _____		REG. DIST. NO. 278		PRIMARY REG. DIST. NO. 3054		Registrar's No. 83	
1. PLACE OF DEATH a. COUNTY PIKE				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death.) a. STATE MISSOURI b. COUNTY PIKE			
b. CITY OR TOWN LOUISIANA		c. LENGTH OF STAY (In this place) LIFE		c. CITY OR TOWN LOUISIANA		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION PIKE COUNTY HOSPITAL				e. STREET ADDRESS (If rural, give location) R.F.D. # 2 0820			
3. NAME OF DECEASED a. (First) ELLA (Type or Print)				b. (Middle) -		c. (Last) BOLOMEY	
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)		8. DATE OF BIRTH Dec 2, 1872	
9. AGE (In years last birthday) 81		10. USUAL OCCUPATION (Give kind of work during most of working life, or if retired) Housewife		100. KIND OF BUSINESS OR INDUSTRY Home		11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Mo.	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Henry Woods		13b. MOTHER'S MAIDEN NAME MARY JANE McCROY		14. NAME OF HUSBAND OR WIFE VALENTINE BOLOMEY	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. NO		17. INFORMANT'S SIGNATURE OR NAME Mrs. St. A. May, Louisiana, Mo. ADDRESS _____			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary artery Dis				INTERVAL BETWEEN ONSET AND DEATH 4 mo	
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES				50+ years	
		MORBID CONDITIONS, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Pneumonia DUE TO (c) Heart Disease					
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 _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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) _____			
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? _____			
22. I hereby certify that I attended the deceased from _____, 19____ to _____, 1953, that I last saw the deceased alive on July 18, 1953 , and that death occurred at 8:30 p.m. , from the causes and on the date stated above.							
23a. SIGNATURE Chas. H. Luwelle		(Degree or title) M.D.		23b. ADDRESS Louisiana, Missouri		23c. DATE SIGNED 7-20-53	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE July 20, 53		24c. NAME OF CEMETERY OR CREMATORY FAIRVIEW CEMETERY - PIKE CO, MISSOURI		24d. LOCATION (City, town, or county) (State) _____	
DATE REC'D BY LOCAL REG. July 20, 1953		REGISTRAR'S SIGNATURE Bernice Collier		25. FUNERAL DIRECTOR'S SIGNATURE Geo. M. Collier		ADDRESS Louisiana, Mo.	

(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, Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Geo. M. Callier*.....
Licensed Embalmer No. *383*
P. O. Address *Louisiana*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.