

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

29058

State File No.

FILED AUG 28 1953

BIRTH NO. _____ REG. DIST. NO. 157 PRIMARY REG. DIST. NO. 3028 Registrar's No. 167

1. PLACE OF DEATH a. COUNTY <u>Jasper</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jasper</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Carthage</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Carthage</u>	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) <u>205 W. Macon</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Mc Cune Brooks Hosp.</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Eula</u> b. (Middle) <u>Bunch</u> c. (Last) <u>Boillot</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Aug. 21, 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>1-25-1887</u>	9. AGE (In years last birthday) <u>66</u>	10. MONTHS <u>0</u>	11. DAYS <u>4</u>	12. HOURS <u>3</u>	13. MIN. <u>0</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Ret'd</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Clerk</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Lynn Creek, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
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13a. FATHER'S NAME <u>John Bunch</u>		13b. MOTHER'S MAIDEN NAME <u>Lora King</u>		14. NAME OF HUSBAND OR WIFE <u>W. W. Boillot</u>			
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>477-22-1317</u>		17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS <u>Mrs. Eula Moore, Tulsa, Okla.</u>			
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hemorrhage Cerebral</u>		DUPLICATE						<u>6 days</u>	
ANTECEDENT CAUSES		DUPLICATE						<u>9 yrs</u>	
*Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUPLICATE						<u>9 yrs</u>	
DUE TO (b) <u>Hypertension</u>		DUPLICATE							
DUE TO (c)		DUPLICATE							
II. OTHER SIGNIFICANT CONDITIONS		DUPLICATE							
Conditions contributing to the death but not related to the disease or condition causing death. <u>myocarditis chronic</u>		DUPLICATE							

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 March, 1946 to Aug 21, 1953, that I last saw the deceased alive on Aug 21, 1953, and that death occurred at 11:30 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>George H. Wood M. D.</u>		23b. ADDRESS <u>Carthage, Mo.</u>		23c. DATE SIGNED <u>8-22-53</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Aug 24, 1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Elmwood Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Mexico, Missouri</u>	
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DATE REC'D BY LOCAL REG. <u>8-22-53</u>		REGISTRAR'S SIGNATURE <u>Lloyd B. Clinton</u>		25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS <u>Ulmer Funeral Home, Carthage, Mo.</u>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

JAN 25 1953

NOV 24 1954

DEC 28 1953

RECEIVED AUG 27 1953
Jasper County Health Office

County File Number 702
Date Filed AUG 27 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 William B. Cantrell

Licensed Embalmer No. 4820

P. O. Address Carthage, 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.