

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 45157

FILED JAN 28 1954

BIRTH NO.		REG. DIST. NO. 290	PRIMARY REG. DIST. NO. 4427	Registrar's No. 134
1. PLACE OF DEATH a. COUNTY Pulaski		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Pulaski c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Waynesville d. STREET ADDRESS (If rural, give location)		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Waynesville		c. LENGTH OF STAY (In this place)		
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location)		
3. NAME OF DECEASED (Type or Print) Paul Thomas Boillot		4. DATE OF DEATH (Month) (Day) (Year) Dec 11 1953		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Sept 30 1904	9. AGE (In years last birthday) 49
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Owner		10b. KIND OF BUSINESS OR INDUSTRY Merchantile	11. BIRTHPLACE (State or foreign country) Avilla Mo	12. CITIZEN OF WHAT COUNTRY? Usa
13a. FATHER'S NAME Peter Raymond Boillot		13b. MOTHER'S MAIDEN NAME Hattie Stemmons		14. NAME OF HUSBAND OR WIFE Helen Boillot
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 Helen Boillot
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 3 yrs.		
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c)		Brain tumor malignant (as to system)		
II. OTHER SIGNIFICANT CONDITIONS* Conditions contributing to the death but not related to the disease or condition causing death. Carcinoma left lung				
19a. DATE OF OPERATION 1951-52		19b. MAJOR FINDINGS OF OPERATION Brain tumor		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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 June, 1951, to Dec 11, 1953, that I last saw the deceased alive on Dec 11, 1953, and that death occurred at 2 A M., from the causes and on the date stated above.				
23a. SIGNATURE R. E. J. M. M. D.		23b. ADDRESS Waynesville, Mo		23c. DATE SIGNED Dec 14 1953
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 12/11/53		24c. NAME OF CEMETERY OR CREMATORY Fair View Cemetery
24d. LOCATION (City, town, or county) (State) Joplin Mo.		24e. FUNERAL DIRECTOR'S SIGNATURE Herman Kurridge		
DATE REC'D BY LOCAL REG. 12-14-53		ADDRESS Marionville Mo		

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED 1-27-53
Pulaski County Health Officer
File Number
Date Filed 1-26-54

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

Clarence Moss

Licensed Embalmer No. 4896

P. O. Address *Waynesville, N.C.*

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.