

FILED JUN 1 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

16526

State File No.

560

BIRTH NO. _____ REG. DIST. NO. 178 PRIMARY REG. DIST. NO. 4281 Registrar's No. 47

1. PLACE OF DEATH a. COUNTY <u>Lewis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Lewis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Canton</u> <u>Canton</u>		c. CITY OR TOWN <u>Canton</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>At home</u>		e. STREET ADDRESS (If rural, give location) <u>709 College</u> <u>0560</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>GEORGE</u> b. (Middle) <u>LLEWELLYN</u> c. (Last) <u>BOULWARE</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>May 22, 1954</u>
5. SEX <u>Male</u>	6. COLOR (R RACE) <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>August 26, 1879</u>
9. AGE (In years last birthday) <u>74</u>		10. UNDER 1 YEAR Months _____ Days _____	11. UNDER 24 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>retired</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farmer</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Clark County, Mo.</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Willis M. Boulware</u>	
13b. MOTHER'S MAIDEN NAME <u>Martha H. Wouldridge</u>		14. NAME OF HUSBAND OR WIFE <u>Nell Hardin</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>492-07-6526</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Nell Boulware, Canton, Mo.</u>		ADDRESS _____	
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary occlusion</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Myocardial infarction</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
INTERVAL BETWEEN ONSET AND DEATH <u>Immediate</u>		7-year	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		4201	
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) _____	
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 <u>June 9, 1947</u> to <u>5/22/1954</u> that I last saw the deceased alive on <u>5/21/1954</u> , and that death occurred at <u>8:30 A.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degrees or title) <u>W.B. Dodson, M.D.</u>		23b. ADDRESS <u>Canton, Mo.</u>	
23c. DATE SIGNED <u>5/24/54</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>May 24, 1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Forest Grove</u>	
24d. LOCATION (City, town, or county) (State) <u>Canton, Lewis Co. Mo.</u>		DATE REC'D BY LOCAL REG. <u>5-24-'54</u>	
REGISTRAR'S SIGNATURE <u>P. W. Jennings, M.D.</u>		FUNERAL DIRECTOR'S SIGNATURE <u>Paul H. Bailey, Canton Mo.</u>	
ADDRESS _____		ADDRESS _____	

WRITE PLAINLY—USING UNFAADING 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 *Earl H. Haskley*.....

Licensed Embalmer No. *26.12*

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