

FILED JUN 29 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

19976

State File No. \_\_\_\_\_

BIRTH NO. _____		REG. DIST. NO. <u>291</u>		PRIMARY REG. DIST. NO. <u>4433</u>		Registrar's No. <u>43</u>	
1. PLACE OF DEATH a. COUNTY <u>PuT NAM</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Sullivan</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Unionville</u> <u>6th</u> <u>Union</u>				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Newtown</u> <u>1050</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>MONROE HOSPITAL</u>				d. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>KITTIE</u>		b. (Middle) <u>VICTORIA</u>		c. (Last) <u>BOLAND</u>	
5. SEX <u>F</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>		8. DATE OF BIRTH <u>5-29-75</u>	
9. AGE (In years last birthday) <u>79</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		11. BIRTHPLACE (State or foreign country) <u>Sullivan County, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>	
13a. FATHER'S NAME <u>L. M. Vinson</u>		13b. MOTHER'S MAIDEN NAME <u>Nancy Wells</u>		14. NAME OF HUSBAND OR WIFE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. T. Howard Judd</u> ADDRESS <u>Newtown, Mo.</u>			
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.		1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary occlusion</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>arteriosclerosis</u> DUE TO (c) <u>hypertension</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Diabetes mellitus</u>				INTERVAL BETWEEN ONSET AND DEATH <u>6 hours</u> <u>years</u> <u>years</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4201</u>				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 <u>6-13</u> , 19 <u>54</u> , to <u>6-13</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>6-13</u> , 19 <u>54</u> , and that death occurred at <u>11a</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>Charles L. Judd</u> (Degree or title)				23b. ADDRESS <u>Newtown, Mo.</u>		23c. DATE SIGNED <u>6/14/54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>6-16-54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Newtown Mo. Town</u>		24d. LOCATION (City, town, or county) (State)	
DATE REC'D BY LOCAL REG. <u>6-26-54</u>		REGISTRAR'S SIGNATURE <u>Marcella D. ...</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Judd &amp; Payne</u> ADDRESS <u>Newtown</u>			

(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 .....  
Student Embalmer

Signed

*H. Howard Judd*

Licensed Embalmer No. *3240*

P. O. Address *New Town*

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.