No. 300
10.48

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

FILED SEP 13 1955

# THE DIVISION OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

27216

State File No.

BIRTH NO. REG. DIST. NO. 278 PRIMARY REG. DIST. NO. 3054 Registrar's No. 88

**1. PLACE OF DEATH**
a. COUNTY: PIKE
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): LOUISIANA
c. LENGTH OF STAY (in this place): LIFE
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 507 NEBRASKA

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: PIKE
c. CITY OR TOWN: LOUISIANA
d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐
e. STREET ADDRESS (If rural, give location): 507 NEBRASKA

0821

**3. NAME OF DECEASED** (Type or Print)
a. (First): NETTIE
b. (Middle): BELLE
c. (Last): BOUDINIER

**4. DATE OF DEATH** (Month) (Day) (Year): SEPT. 9, 1955

**5. SEX**: FEMALE
**6. COLOR OR RACE**: WHITE
**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify): WIDOWED
**8. DATE OF BIRTH**: APRIL 30, 1874
**9. AGE** (In years last birthday): 81
IF UNDER 1 YEAR: Months | Days | IF UNDER 24 HRS.: Hours | Min.

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired): HOUSEWIFE
**10b. KIND OF BUSINESS OR INDUSTRY**: HOME
**11. BIRTHPLACE** (City and State or Foreign Country): PIKE COUNTY MO
**12. CITIZEN OF WHAT COUNTRY?**: USA

**13a. FATHER'S NAME**: JOSEPH C. INGRAM
**13b. MOTHER'S MAIDEN NAME**: MARTHA JANE GRIFFITH
**14. NAME OF HUSBAND OR WIFE**: BOLIVER BOUDINIER (DEC'D)

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown): NO
(If yes, give war or dates of service)
**16. SOCIAL SECURITY NO.**: NO
**17. INFORMANT'S SIGNATURE OR NAME**: Ollie L. Boudinier
ADDRESS: Louisiana Mo

**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, asthenia, etc. It means the disease, injury, or complication which caused death.*

**MEDICAL CERTIFICATION**

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Acute Cerebro Vascular Accident (Apoplectic Stroke)
INTERVAL BETWEEN ONSET AND DEATH: Sudden

ANTECEDENT CAUSES
*Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b):
DUE TO (c): Chronic Arterio-Sclerotic Cardio-Vascular 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**
4221
**20. AUTOPSY?** YES ☐ NO ☒

**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 ☐ NOT WHILE AT WORK ☐
**21f. HOW DID INJURY OCCUR?**

22. *I hereby certify that I attended the deceased from* Aug, 1953, *to* 9-9, 1955, *that I last saw the deceased alive on* 9/2/, 1955, *and that death occurred at* 3 P.M. *from the causes and on the date stated above.*

**23a. SIGNATURE**: Robert L. Andrae (Degree or title) M.D.
**23b. ADDRESS**: Louisiana Mo
**23c. DATE SIGNED**: 9/10/55

**24a. BURIAL, CREMATION, REMOVAL** (Specify): BURIAL
**24b. DATE**: SEPT 11, 1955
**24c. NAME OF CEMETERY OR CREMATORY**: RIVERVIEW
**24d. LOCATION** (City, town, or county) (State): LOUISIANA, MO

DATE REC'D BY LOCAL REG.: 9-13-55
REGISTRAR'S SIGNATURE: Lloyd A. Bridges
**25. FUNERAL DIRECTOR'S SIGNATURE**: Geo. M. Calliey
ADDRESS: Louisiana, Mo.

(Licensed Embalmer's Statement on Reverse Side)

SEP 29 1955

SEP 20 1955

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emba

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Geo. M. Collier

Licensed Embalmer No. 3.8.

P. O. Address Louisia

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fa
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.