

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

11847

STATE FILE NUMBER

FILED MAR 21 1957

Registration District No. 360 Primary Registration District No. 3076 Registrar's No. 58

Health,
Welfare
Public
Service

300
1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY Vernon		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY Cedar	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Nevada		c. CITY OR TOWN Montevallo 02000	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Nevada City 0		d. STREET ADDRESS (If outside, give location) Montevallo Rd	
3. NAME OF DECEASED (Type or print) ROY RIMMER BOUCHER		4. DATE OF DEATH Jan. 24 1957	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Aug. 17, 1905
9. AGE (In years last birthday) 51		10. IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Own farm	
11. BIRTHPLACE (City and state or country) Galena Kans		12. CITIZEN OF WHAT COUNTRY? US	
13. FATHER'S NAME Nelson Boucher		14. MOTHER'S MAIDEN NAME Elisabeth	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. 493-16-5144	
17. INFORMANT Mrs. Roy Boucher		Address Montevallo Mo	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Hypertensive encephalopathy DUE TO (b) malignant hypertension DUE TO (c) chronic glomerulo-nephritis PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(n) 592x			INTERVAL BETWEEN ONSET AND DEATH
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY a. m. p. m.			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from 04-1956 to 1-24-57 and last saw him alive on 1-24-57 Death occurred at 9:50 P. m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Robert L. Magee M.D.		22b. ADDRESS El Dorado Springs, Mo.	
22c. DATE SIGNED 1-28-57			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 1 28 57	
23c. NAME OF CEMETERY OR CREMATORY Vergil cemetery		23d. LOCATION (City, town, or county) (State) Montevallo Mo.	
24. FUNERAL DIRECTOR Ernest General Home Sheldon Inc.		25. DATE RECD. BY LOCAL REG. 3-20-1957	
26. REGISTRAR'S SIGNATURE Orma E. Ferry			

(Licensed Embalmer's Statement on Reverse Side)

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 *L. Gerald Beeny*.....

Licensed Embalmer No. *420*.....

P. O. Address *Sheldon*.....

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.