

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **4074**

FILED FEB 3 1958

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **324** PRIMARY REG. DIST. NO. **3072** Registrar's No. **15**

1. PLACE OF DEATH a. COUNTY <b>Saline</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Saline</b>	
b. CITY OR TOWN <b>Marshall</b>	c. LENGTH OF STAY (in this place) <b>1 mo.</b>	c. CITY OR TOWN <b>Nelson</b>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Fitzgibbon</b>		e. STREET ADDRESS (If rural, give location) <b>0970</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>ELIZABETH</b> b. (Middle) <b>SMITH</b> c. (Last) <b>BOULWARE</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>Jan. 25, 1958</b>
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5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>Aug. 18, 1879</b>	9. AGE (In years last birthday) <b>78</b>	IF UNDER 1 YEAR Months	IF UNDER 4 HRS. Hours	IF UNDER 15 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Own Home</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Saline County Mo.</b>	12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>
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13a. FATHER'S NAME <b>Nicholas Smith</b>	13b. MOTHER'S MAIDEN NAME <b>Saphronia O'Bannon</b>	14. NAME OF HUSBAND OR WIFE <b>Lee Roy Boulware</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Beulah Jones Nelson</b>	ADDRESS <b>Mo</b>
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral Hemorrhage</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>arteriosclerosis</b> DUE TO (c) _____		
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	20. AUTOPSY? <b>2</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) <b>331X</b> (COUNTY) (STATE)
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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?
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22. I hereby certify that I attended the deceased from **Dec 24, 1957**, to **1-25, 1958**, that I last saw the deceased alive on **1-25, 1958** and that death occurred at **4:50 P. m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>John R. Lawrence</b> (Degree or title) <b>M.D.</b>	23b. ADDRESS <b>Marshall, Mo</b>	23c. DATE SIGNED <b>1-27-1958</b>
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24a. BURIAL OR CREMATION REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>1-28, 1958</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Union</b>	24d. LOCATION (City, town, or county) (State) <b>Saline County Mo</b>
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DATE REC'D BY LOCAL REG. <b>1-27-58</b>	REGISTRAR'S SIGNATURE <b>Cecil J. Read</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Harry Hershberger</b> ADDRESS <b>Marshall, Mo</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

AUG 23 1962

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..... *Harry Hershberger*

Licensed Embalmer No. *4357*

P. O. Address *Marshall*

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.