

Health, Welfare, Public Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-004710
STATE FILE NUMBER

FILED MAR 4 - 1958

Registration District No. 53

Primary Registration District No.

Registrar's No. 198

300
-57

1. PLACE OF DEATH a. COUNTY <u>Cape Girardeau</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Cape Girardeau</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Cape Girardeau</u>		c. CITY OR TOWN <u>Cape Girardeau</u> <u>016%</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Cape Osteopathic Hospt.</u>		d. STREET ADDRESS (If outside, give location) <u>443 N. Frederick St.</u>	
Length of stay in lb <u>6</u> days		Reside on Farm <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	

3. NAME OF DECEASED (Type or print) First <u>RALPH</u> Middle <u>G.</u> Last <u>BOUTIN</u>	4. DATE OF DEATH Month <u>February</u> Day <u>13</u> Year <u>1958</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>April 13, 1880</u>	9. AGE (In years last birthday) <u>77</u> IF UNDER 1 YEAR Months <u>10</u> Days <u>6</u> IF UNDER 24 HRS. Hours <u>0</u> Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Denist, ret.</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Own office</u>	11. BIRTHPLACE (City and state or country) <u>Hampton, Iowa</u>	12. CITIZEN OF WHAT COUNTRY? <u>U. S.</u>
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13a. FATHER'S NAME <u>Samuel R. Boutin</u>	13b. MOTHER'S MAIDEN NAME <u>Julia Crawford</u>	14. NAME OF HUSBAND OR WIFE <u>Elva Packer Boutin</u>
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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) <u>No</u>	16. SOCIAL SECURITY NO. <u>No</u>	17. INFORMANT <u>Mrs. Eva P. Boutin</u> Address <u>Cape Gir., Mo.</u>
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Bronchial Pneumonia</u>		INTERVAL BETWEEN ONSET AND DEATH <u>18 hours</u>
DUE TO (b) <u>Post operative hip surgery</u>		<u>5 days</u>
DUE TO (c) <u>Right hip, Interchrotronic fracture</u>		<u>6 days</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Arteriosclerosis, emphysema, hemiplegia, senility 8 yrs.</u>		

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.)
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20c. TIME OF INJURY Hour <u>11:5</u> Month, Day, Year
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20d. INJURY OCCURRED WHILE AT <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 <u>115</u>	COUNTY	STATE
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21. I attended the deceased from <u>July 1957</u> to <u>Feb. 13, 1958</u> last saw him alive on <u>Feb. 13, 1958</u> Death occurred at <u>10:15 P.M.</u> on the date stated above; and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE (Degree or title) <u>2</u> <u>M. Marquette Fuller D.O.</u>	22b. ADDRESS <u>238 N. Pacific Cape Girardeau, Mo.</u>	22c. DATE SIGNED <u>2-20-58</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>Feb. 15, 1958</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Memorial Park Cem.</u>	23d. LOCATION (City, town, or county) (State) <u>Cape Girardeau, Missouri</u>
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24. FUNERAL DIRECTOR <u>Walters' Funeral Home</u> ADDRESS <u>Cape Gir. Mo.</u>	25. DATE RECD. BY LOCAL REG. <u>Feb 27, 1958</u>	26. REGISTRAR'S SIGNATURE <u>Mar. Homer E. Cooper</u>
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(Licensed Embelmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

MAR 4 1958

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 *Virgil H. Welch*

Licensed Embalmer No. *4102*

P. O. Address *Cape Girardeau*

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.