

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-008594

STATE FILE NUMBER

FILED MAR 24 1959 Registration District No. 47 Primary Registration District No. 3008 Registrar's No. 80

1. PLACE OF DEATH a. COUNTY Callaway		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before institution) a. STATE Missouri b. COUNTY Callaway	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Fulton Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Fulton 01430 Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Callaway Hosp. Length of stay in 1b 3 Days		d. STREET ADDRESS 511 Bluff (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) **Jerome** ^{First} **Melvin** ^{Middle} **Boicourt** ^{Last}
4. DATE OF DEATH **March 18, 1959** (Month Day Year)

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. 21, 1884	9. AGE (In years birthday) 74	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Hospital Attendant	10b. KIND OF BUSINESS OR INDUSTRY Retired	11. BIRTHPLACE (City and state or country) Clarence, Missouri	12. CITIZEN OF WHAT COUNTRY? USA
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13. FATHER'S NAME Alton Oscar Boicourt	14. MOTHER'S MAIDEN NAME Clamentina Hunter
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes or unknown) No (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. 491 14 7565	17. INFORMANT Mrs. J.M. Boicourt , 511 Bluff, Fulton Mo. Address
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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) **Cerebral Vascular Accident - hemorrhage - 3 days**
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. }
DUE TO (b) **General arteriosclerosis & Hypertension - 6 years**
DUE TO (c) **Arteriosclerosis - months/years**
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) **331X**
19. WAS AUTOPSY PERFORMED? YES NO 2

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 Hour Month, Day, Year 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 **11/1/52** to **3/18/59** and last saw **him** alive on **3/18/59**
Death occurred at **3/18/59 - 2:50 PM** m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE George F. Word (Degree or title) m. D.	22b. ADDRESS 614 Market St., Fulton Mo.	22c. DATE SIGNED 3/19/59
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Mar 21, 1959	23c. NAME OF CEMETERY OR CREMATORY Jonesburg Cemetery	23d. LOCATION (City, town, or county) (State) Montgomery County, Missouri
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24. FUNERAL DIRECTOR Maupin Funeral Home, Fulton, Mo. ADDRESS	25. DATE RECD. BY LOCAL REG. March 21, 1959	26. REGISTRAR'S SIGNATURE Maretha Lawrence
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(Licensed Embalmer's Statement on Reverse Side)

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

MEDICAL CERTIFICATION

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 *J. J. Rosson*.....

Licensed Embalmer No. *26*.....

P. O. Address *Hubb.*.....

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.