

# RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

60-011758

FILED VS MAR 30 1960

Registration District No. \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_ Registrar's No. 55

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <u>MACON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MO</u> b. COUNTY <u>SHELBY</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>ROUND GROVE TOWNSHIP</u>		c. CITY OR TOWN <u>CLARENCE MO</u>	
Length of stay in lb <u>3 hours</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>RFD 1 MACON</u>		d. STREET ADDRESS (If outside, give location) <u>CLARENCE MO.</u>	
Yes <input type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First <u>RUSSELL</u> Middle _____ Last <u>BOLEACH</u>			4. DATE OF DEATH Month <u>MARCH</u> Day <u>2</u> Year <u>1960</u>			
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>Dec 23 1914</u>	9. AGE (last birthday) <u>45</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HR Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>LABORER TRUCK DRIVER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>TRUCK DRIVER</u>		11. BIRTHPLACE (City and state or country) <u>MARION COUNTY, MO</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.</u>
13a. FATHER'S NAME <u>CHARLES E. BOLEACH</u>		13b. MOTHER'S MAIDEN NAME <u>HELEN WHELOCK</u>		14. NAME OF HUSBAND OR WIFE <u>JUANITA BOLEACH</u>		

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>NO</u>	16. SOCIAL SECURITY NO. <u>487-18-2862</u>	17. INFORMANT <u>Mrs. RUSSELL BOLEACH Clarence, 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:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) <u>CORONARY OCCLUSION</u>		<u>2 minutes</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <u>CORONARY OCCLUSION</u>	<u>1 month</u>
	DUE TO (c) <u>DUODENAL ULCER</u>	<u>6 months</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>	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 _____ a.m. _____ p.m. Month, Day, Year _____		

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 <u>CLARENCE MO</u>	COUNTY _____ STATE _____
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21. I attended the deceased from Feb 29, 1960 to March 2, 1960 and last saw <sup>her</sup>him alive on Feb 29, 1960  
Death occurred at 11:45 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <u>Dr. B. L. Edgington D.O.</u>	22b. ADDRESS <u>Clarence Mo.</u>	22c. DATE SIGNED <u>3-7-60</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	23b. DATE <u>3-5-60</u>	23c. NAME OF CEMETERY OR CREMATORY <u>MAPLE WOOD</u>	23d. LOCATION (City, town, or county) (State) <u>CLARENCE MO</u>
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24. FUNERAL DIRECTOR <u>PREEMING CLARENCE MO</u>	ADDRESS <u>CLARENCE MO</u>	25. DATE RECD. BY LOCAL REG. <u>3/15/60</u>	26. REGISTRAR'S SIGNATURE <u>Cute Mcneely</u>
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

MAR 31 1960

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by \_\_\_\_\_  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Charles V. Greening

Licensed Embalmer No. 4625

P. O. Address Clarence

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