

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-018607

STATE FILE NUMBER

Registration District No. 120 Primary Registration District No. \_\_\_\_\_ Registrar's No. 57

DO NOT WRITE ON THIS STUB

AMENDED

VS 300  
Rev. 4/59

0380  
20380

3  
4 0  
5 1  
6  
7 0  
8 2  
9 X  
10  
11 038  
12 91-3  
13 1-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

USE BLACK INK OR TYPEWRITER RIBBON

BY AFFIDAVIT OF MEDICAL CERTIFICATION

1. PLACE OF DEATH a. COUNTY <u>Gentry</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Gentry</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Athens Township</u>		c. CITY OR TOWN <u>Athens Township</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>E. of Albany</u>		d. STREET ADDRESS (If outside, give location) <u>N.E. of Albany</u>	
3. NAME OF DECEASED (Type or print) First <u>CHESTER</u> Middle <u>(NMN)</u> Last <u>BOULTING</u>		4. DATE OF DEATH Month <u>MAY</u> Day <u>28</u> Year <u>1962</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</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>3/10/1905</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>farming</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Agriculture</u>	11. BIRTHPLACE (City and state or country) <u>Gentry Co., Missouri</u>
12. CITIZEN OF WHAT COUNTRY <u>U.S.</u>		13. FATHER'S NAME <u>Joseph S. Boulting</u>	
13b. MOTHER'S MAIDEN NAME <u>Mary Emily Wayman</u>		14. NAME OF HUSBAND OR WIFE <u>Ruby McMichael</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>unknown</u>		16. SOCIAL SECURITY NO. <u>_____</u>	
17. INFORMANT <u>Mrs Chester Boulting</u>		Address <u>Albany, Mo.</u>	
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>Fracture of skull (multiple)</u> DUE TO (b) <u>Fracture ribs on each side with mass chest hemorrhage</u> DUE TO (c) <u>Complete fracture femur on level of 1st femoral condyle</u>			INTERVAL BETWEEN ONSET AND DEATH <u>1 min</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not listed on the terminal disease condition given in PART I (a). <u>multiple other fractures</u>			PART III. <input type="checkbox"/> If 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 checked="" type="checkbox"/>	20a. ACCIDENT <input checked="" 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.) <u>Tractor + truck collision</u>	
20c. TIME OF INJURY Hour <u>10:30</u> a.m. Month <u>5</u> Day <u>28</u> Year <u>62</u>		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>1 Mile East Albany Hwy #136</u>	
20e. CITY, TOWN, OR LOCATION <u>Albany - Gentry Mo</u>		20f. COUNTY STATE <u>Gentry Missouri</u>	
21. I attended the deceased from <u>viewed body</u> and last saw him <u>after death</u> on _____ Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>Dr. G. A. Barnes D.O.</u>		22b. ADDRESS <u>King City Mo</u>	
22c. DATE SIGNED <u>5-28-62</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	23b. DATE <u>6-3-62</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Grandview</u>	23d. LOCATION (City, town, or county) (State) <u>Albany, Missouri</u>
24. FUNERAL DIRECTOR <u>Brooks-Cochell Funeral Home</u>		25. DATE RECD. BY LOCAL REG. <u>5-29-62</u>	
ADDRESS <u>Albany, Mo.</u>		26. REGISTRAR'S SIGNATURE <u>Mrs. L. W. Bare</u>	

JUN 21 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 me, Student Embalmer No. \_\_\_\_\_,  
working under my personal supervision.

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

Signed Donald E. Cookell

Licensed Embalmer No. 4868

P. O. Address Albany, Mo.

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.