

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

66 0001401

STATE FILE NUMBER

Registration District No. 137 Primary Registration District No. 3023 Registrar's No. 33

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

1 0425
2 00802
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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

<p>FILED FEB 7 1966</p> <p>1. PLACE OF DEATH a. COUNTY <u>Henry</u></p> <p>b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Clinton</u> Length of stay in lb <u>3 months</u></p> <p>c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Jolly Rest Home</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p>		<p>2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Benton</u></p> <p>c. CITY OR TOWN <u>WARSAW</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p> <p>d. STREET ADDRESS (If outside, give location) <u>WARSAW</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p>									
<p>3. NAME OF DECEASED (Type or print) First Middle Last <u>FRANCIS EDWIN Bouton</u></p>		<p>4. DATE OF DEATH Month Day Year <u>Feb 2 1966</u></p>									
<p>5. SEX <u>MALE</u></p>	<p>6. COLOR OR RACE <u>White</u></p>	<p>7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/></p>	<p>8. DATE OF BIRTH <u>Oct 11 1880</u></p>								
<p>9. AGE (last birthday) <u>85</u></p>		<p>IF UNDER 1 YEAR Months <u>4</u> Days <u>1</u></p>	<p>IF UNDER 24 HR Hours <u>4</u> Min. <u>1</u></p>								
<p>10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>wood workman</u></p>		<p>10b. KIND OF BUSINESS OR INDUSTRY <u>Carpenter</u></p>									
<p>11. BIRTHPLACE (City and state or country) <u>Louisia Co. Iowa</u></p>		<p>12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u></p>									
<p>13a. FATHER'S NAME <u>William H. Bouton</u></p>		<p>13b. MOTHER'S MAIDEN NAME <u>CLARA J. Hudlow</u></p>									
<p>14. NAME OF HUSBAND OR WIFE <u>Lula B. Bouton</u></p>		<p>15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u> (If yes, give war or dates of service) <u>NO</u></p>									
<p>16. SOCIAL SECURITY NO. <u>491-32-0569</u></p>		<p>17. INFORMANT <u>G.W. Bouton Warsaw, Mo</u> Address</p>									
<p>18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)</p> <p style="text-align: center;">PART I. DEATH WAS CAUSED BY:</p> <table style="width: 100%;"> <tr> <td style="width: 80%;">IMMEDIATE CAUSE (a) <u>Myocardial Insufficiency</u></td> <td style="width: 20%;">INTERVAL BETWEEN ONSET AND DEATH <u>4 hours</u></td> </tr> <tr> <td>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.</td> <td></td> </tr> <tr> <td>DUE TO (b) <u>Cerebral vascular hemorrhage</u></td> <td><u>6 hours</u></td> </tr> <tr> <td>DUE TO (c) <u>Cerebral Arteriosclerosis</u></td> <td><u>years</u></td> </tr> </table> <p style="text-align: center;">PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Generalized Arteriosclerosis</u></p> <p style="text-align: right;">PART III. If deceased <u>was</u> female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown</p>				IMMEDIATE CAUSE (a) <u>Myocardial Insufficiency</u>	INTERVAL BETWEEN ONSET AND DEATH <u>4 hours</u>	Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b) <u>Cerebral vascular hemorrhage</u>	<u>6 hours</u>	DUE TO (c) <u>Cerebral Arteriosclerosis</u>	<u>years</u>
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<p>19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/></p>		<p>20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/></p>									
<p>20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)</p>											
<p>20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year</p>		<p>20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/></p>									
<p>20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)</p>		<p>20f. CITY, TOWN, OR LOCATION COUNTY STATE</p>									
<p>21. I attended the deceased from <u>11-15-65</u> to <u>2-2-66</u> and last saw ^{her}him alive on <u>2-2-65</u></p> <p>Death occurred at <u>9:00 p</u> m on the date stated above, and to the best of my knowledge, from the causes stated.</p>											
<p>22a. SIGNATURE <u>C. P. Gloop, D.O.</u> (Degree or title)</p>		<p>22b. ADDRESS <u>Clinton, Mo.</u></p>									
<p>22c. DATE SIGNED <u>2/8/66</u></p>											
<p>23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u></p>		<p>23b. DATE <u>Feb 5, 1966</u></p>									
<p>23c. NAME OF CEMETERY OR CREMATORY <u>Riverside Cemetery</u></p>		<p>23d. LOCATION (City, town, or county) (State) <u>Warsaw Benton Co. Mo</u></p>									
<p>24. FUNERAL DIRECTOR <u>John J. Reser</u> ADDRESS <u>Warsaw</u></p>		<p>25. DATE RECD. BY LOCAL REG. <u>2-3-66</u></p>									
<p>26. REGISTRAR'S SIGNATURE <u>Mildred Bigum</u></p>											

USE BLACK INK OR TYPEWRITER RIBBON

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 John A. Reser
Licensed Embalmer No. 4098

P. O. Address Warsaw

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.

Permit obtained 2-3-66
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