No. 300
10.48

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED AUG 27 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 26730

BIRTH NO. _____ REG. DIST. NO. 143 PRIMARY REG. DIST. NO. 42 32 Registrar's No. 21

1. PLACE OF DEATH
a. COUNTY: HOWELL 0460
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): WILLOW SPRINGS
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): [redacted] S. CENTER ST.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MO
b. COUNTY: HOWELL
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): WILLOW SPRINGS 0460
d. STREET ADDRESS (If rural, give location): 0

3. NAME OF DECEASED (Type or Print)
a. (First): EDWARD
b. (Middle): AMES
c. (Last): BOLERJACK

4. DATE OF DEATH (Month) (Day) (Year): Aug 12 1951

5. SEX: MO
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: 12-18-1871
9. AGE (In years last birthday): 79 — If under 1 year: Months 7, Days 24 — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): RAILROAD WORK
10b. KIND OF BUSINESS OR INDUSTRY: SEXION
11. BIRTHPLACE (State or foreign country): WHITE COUNTY ILL.
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: THOS. E. BOLERJACK
13b. MOTHER'S MAIDEN NAME: LUCY LEINER
14. NAME OF ~~HUSBAND~~ OR WIFE: CAROLINA CARTER

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: NONE
17. INFORMANT'S SIGNATURE OR NAME: MRS. BEULAH PEAN — ADDRESS: WILLOW SPGS, MO.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): CARCINOMA OF PANCREAS (AMPOULA) — INTERVAL BETWEEN ONSET AND DEATH: APP 6 MOS

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b):

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: 155X
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1/22, 1951, *to* 8/12, 1951, *that I last saw the deceased alive on* 8/12, 1951, *and that death occurred at* 11:00 P m., *from the causes and on the date stated above.*

23a. SIGNATURE: W. B. Perkins (Degree or title) M.D.
23b. ADDRESS: Willow Springs Mo.
23c. DATE SIGNED: 8/14/51

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 8/14/51
24c. NAME OF CEMETERY OR CREMATORY: CENTER HILL
24d. LOCATION (City, town, or county) (State): SOUTH OF MT. VIEW, MO.

DATE REC'D BY LOCAL REG.: Aug. 17, 1951
REGISTRAR'S SIGNATURE: Marthelle Ballard 387
25. FUNERAL DIRECTOR'S SIGNATURE: J. C. Burns — ADDRESS: Willow Springs Mo.

(Licensed Embalmer's Statement on Reverse Side)

DIVISION OF HEALTH OF MO.
District N... ...ngfield
RE...ED AUG 21 1951
D... File 851-1532
Date ... 8-23-51
SEP 5 1951

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.....

.....

working under my personal supervision.

Student Embalmer No.....

Signed J. C. Burns

Signed.....
Student Embalmer

Licensed Embalmer No. 3379

P. O. Address Willow Springs, M...

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 this body is not embalmed, fact should be so stated above.