

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

32256

State File No. ....

SEP 29 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 209 PRIMARY REG. DIST. NO. 3043 Registrar's No. 300

1. PLACE OF DEATH  
 a. COUNTY Marion  
 b. CITY, (If outside corporate limits, write RURAL and give township) OR TOWN Hannibal  
 c. LENGTH OF STAY (in this place) \_\_\_\_\_  
 d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION St. Elizabeth Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).  
 a. STATE Mo. b. COUNTY Marion  
 c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Hannibal  
 d. STREET ADDRESS (If rural, give location) 703 Cardiff Drive

3. NAME OF DECEASED  
 a. (First) John b. (Middle) B. c. (Last) Boullear  
 (Type or Print)

4. DATE OF DEATH  
 (Month) (Day) (Year)  
Sept. 18, 1952

5. SEX Male

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married

8. DATE OF BIRTH June 5 1867

9. AGE (In years last birthday) 85  
 If under 1 year: Months 3 Days 13  
 If under 12 mos. Hours \_\_\_\_\_ Min. \_\_\_\_\_

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming

10b. KIND OF BUSINESS OR INDUSTRY Farm

11. BIRTHPLACE (State or foreign country) Louisiana, Mo.

12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Antone Boullear

13b. MOTHER'S MAIDEN NAME Elizabeth Sell

14. NAME OF HUSBAND OR WIFE \_\_\_\_\_

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no

16. SOCIAL SECURITY NO. no

17. INFORMANT'S SIGNATURE OR NAME ADDRESS Clarence Boullear, Hannibal, 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, asthma, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION  
 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) Cerebral hemorrhage  
 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. Hypertrophy of prostate

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION \_\_\_\_\_

19b. MAJOR FINDINGS OF OPERATION Hypertrophy of prostate

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) (Minute)

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 Sept 13, 1952, to Sept 18, 1952, that I last saw the deceased alive on 18 Sept., 1952, and that death occurred at 7:00 P. m., from the causes and on the date stated above.

23a. SIGNATURE (Deceased or title) [Signature]

23b. ADDRESS Hannibal Mo.

23c. DATE SIGNED Sept 22/52

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE 9/20/52

24c. NAME OF CEMETERY OR CREMATORY Riverview Cemetery

24d. LOCATION (City, town, or county) (State) Louisiana, Mo.

DATE REC'D BY LOCAL REG. 9-23-52

REGISTRAR'S SIGNATURE Dr. E. M. Lucke

FUNERAL DIRECTOR'S SIGNATURE ADDRESS George O. Wagner, Louisiana Mo.

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

1644

RECEIVED SEP 26 1952  
MARION CO. HEALTH DEPT.  
DATE FILED SEP 26 1952

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, ~~only~~ \_\_\_\_\_

working under my personal supervision.

Signed.....  
Student Embalmer

Student Embalmer No.....

Signed George O. Hagauer

Licensed Embalmer No. 3773

P. O. Address Louisiana, 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 this body is not embalmed, fact should be so stated above.

*George O. Hagauer*