

STANDARD CERTIFICATE OF DEATH

State File No.

FILED JUN 29 1955

BIRTH NO. _____ REG. DIST. NO. 71 PRIMARY REG. DIST. NO. 3012 Registrar's No. 55

1. PLACE OF DEATH a. COUNTY <u>Clay</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Monroe</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Excelsior Springs</u>	c. LENGTH OF STAY (in this place) <u>5 days</u>	c. CITY OR TOWN <u>Madison</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Excelsior Springs Hospital</u>		e. STREET ADDRESS (If rural, give location) <u>R.R. 2</u>	

3. NAME OF DECEASED (Type or Print) <u>JOHN</u>	c. (Last) <u>BOULWARE</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>JUNE 8 1955</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED/WIDOWED, DIVORCED. (Specify) <u>married</u>	8. DATE OF BIRTH <u>April 27, 1872</u>	9. AGE (In years last birthday) Months Days Hours Mins. <u>83</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <u>Madison Mo</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Joseph Boulware</u>	13b. MOTHER'S MAIDEN NAME <u>Elizabeth Ann Snider</u>	14. NAME OF HUSBAND OR WIFE <u>Mary Boulware</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>No.</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mary Boulware</u>	ADDRESS <u>R.R. 2 Madison Mo</u>
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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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary Embolism P.O.</u>		<u>2 min.</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Carcinoma prostate</u> DUE TO (c) <u>177X</u>		<u>unt.</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>generalized arteriosclerosis</u>		<u>unt.</u>	

19a. DATE OF OPERATION <u>6-8-55</u>	19b. MAJOR FINDINGS OF OPERATION <u>Carcinoma Prostate</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6-4, 1955, to 6-8, 1955, that I last saw the deceased alive on 6-8, 1955, and that death occurred at 7:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>David Missgrave M.D.</u>	23b. ADDRESS <u>Excelsior Springs, Mo</u>	23c. DATE SIGNED <u>6-9-55</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>June 8, 1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Sunset Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Madison, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>6/8/55</u>	REGISTRAR'S SIGNATURE <u>Caroline Hutchings</u>	62-05. FUNERAL DIRECTOR'S SIGNATURE <u>Hope Funeral Home</u>	ADDRESS <u>Vergel Hope, Excelsior Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 *James A. Noble*.....

Licensed Embalmer No. *32*.....

P. O. Address *Ex. relief*.....

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.