

10.300
10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

22906

FILED JUL 27 1955

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 210 PRIMARY REG. DIST. NO. 4322 Registrar's No. 47

1. PLACE OF DEATH a. COUNTY <u>Mercer</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> COUNTY <u>Putnam</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Princeton</u>	c. LENGTH OF STAY (in this place) <u>3 days</u>	c. CITY OR TOWN <u>Powersville, Mo.</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>Axtell Hospital</u>		e. STREET ADDRESS (If rural, give location) <u>08601</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Donna</u> b. (Middle) <u>Jean</u> c. (Last) <u>Boland</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>July 20, 1955</u>		
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never married</u>	8. DATE OF BIRTH <u>April 16, 1936</u>	9. AGE (In years last birthday) <u>19</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Reinsurance cleark</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Business Merc</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Putnam Co. Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
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13a. FATHER'S NAME <u>James Boland</u>		13b. MOTHER'S MAIDEN NAME <u>Norma Jean Maxwell</u>		14. NAME OF HUSBAND/OR WIFE	
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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>X</u> <u>X</u>		16. SOCIAL SECURITY NO. <u>495-38-9826</u>		17. INFORMANT'S SIGNATURE OR NAME <u>James Boland Powersville, Mo.</u>		ADDRESS	
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH <u>73 hrs</u>	
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>subdural hemorrhage</u>					
		ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) <u>car accident.</u> rise to the above cause (a) stating the underlying cause last: 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				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>highway</u>		21c. (CITY, TOWN, OR TOWNSHIP) <u>065</u> (COUNTY) <u>Mercer Co. Mo.</u> (STATE)	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>7 17 55 6:15P</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>car accident-</u>	
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22. I hereby certify that I attended the deceased from 7-17-55, 19, to 7-20-55, 19, that I last saw the deceased alive on 7-20-55, 19, and that death occurred at 6:47P m., from the causes and on the date stated above.

23a. SIGNATURE <u>Rayon J. Axtell</u> (Degree or title) <u>D.O.</u>		23b. ADDRESS <u>Princeton, Mo</u>		23c. DATE SIGNED <u>7-23-55</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>7-23-55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Lucerne Ceme.</u>		24d. LOCATION (City, town, or county) (State) <u>Lucerne, Mo.</u>	
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DATE REC'D BY LOCAL REG. <u>7-25-55</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u>		ADDRESS <u>Martin Funeral Home Princeton, Mo.</u>	
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(Licensed Embalmer's Statement on Reverse Side)

Iron Martin

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

JUL 27 1956

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..... *Juan Martin*.....

Licensed Embalmer No. *376*

P. O. Address *Princeton*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (If 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.