

FILED MAY 9 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER

14144

Registration District No. 257

Primary Registration District No. 5943

Registrar's No. 28

1. PLACE OF DEATH a. COUNTY Osage			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Osage		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Linn Township		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Bonnets Mill, Mo.		Length of stay in 1b	d. STREET ADDRESS Bonnets Mill, Mo. RED		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last Gertrude Boillot			4. DATE OF DEATH Month Day Year April 20, 1956		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Feb. 19, 1864	9. AGE (In years last birthday) 92	IF UNDER 1 YEAR Months Days Hours Min. 2 1
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife		10b. KIND OF BUSINESS OR INDUSTRY Own Home	11. BIRTHPLACE (City and state or country) Osage County Missouri		12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME (Unknown) Jaegers			14. MOTHER'S MAIDEN NAME Mary Simmon		
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. None	17. INFORMANT Address John Boillot, Bonnets Mill, Mo.		
18. CAUSE OF DEATH [Enter only one cause per item (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Myocardial infarction DUE TO (b) Coronary atherosclerosis DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) INTERVAL BETWEEN ONSET AND DEATH 2 yrs					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)				
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE		
21. I attended the deceased from 1954 to April, 1956 and last saw her alive on April, 1956 Death occurred at 11:45 P. M. in Jefferson City, Mo. and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE R. P. Dorens (Degree or title)			22b. ADDRESS Jefferson City, Mo.		22c. DATE SIGNED April 27, 56
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Apr. 23, 1956	23c. NAME OF CEMETERY OR CREMATORY Old Loose Creek		23d. LOCATION (City, town, or county) (State) Loose Creek, Mo.	
24. FUNERAL DIRECTOR Morton Funeral Home, Linn, Mo.		25. DATE RECD. BY LOCAL REG. May 2-1956	26. REGISTRAR'S SIGNATURE T. Schmitt		

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was by me, or by ..... Student Embalmer No. .... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed... *Vernon Morton*

Licensed Embalmer No. *4*

P. O. Address *Levi*

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