

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **1925**

FILED JAN 28 1957

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **187** PRIMARY REG. DIST. NO. **3040** Registrar's No. **47**

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

1. PLACE OF DEATH a. COUNTY <b>Livingston</b>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before death.) a. STATE <b>Missouri</b> b. COUNTY <b>Livingston</b>	
b. CITY (If outside corporate limits, write RURAL and give town) <b>Chillicothe</b>		c. LENGTH OF STAY (In this place) <b>50 yrs</b>	
d. TOWN <b>Chillicothe</b>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>1109 N. Walnut St.</b>		e. STREET ADDRESS (If rural, give location) <b>1109 N. Walnut St.</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>MARY</b>		b. (Middle) <b>E.</b>	
c. (Last) <b>BOUTWELL</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>January 18 1957</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>Dec. 10, 1881</b>
9. AGE (In years last birthday) <b>75</b>		10. IF UNDER 1 YEAR Months Days 11. IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>At Home</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Home maker</b>	
11. BIRTHPLACE (City and State or Foreign Country) <b>Chillicothe, Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>W. F. Woolsey</b>		13b. MOTHER'S MAIDEN NAME <b>Martha E. Moore</b>	
14. NAME OF HUSBAND OR WIFE <b>F. W. Boutwell</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	
16. SOCIAL SECURITY NO. <b>499-20-4653</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Wallace Craig, Chicago, Ill.</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral hemorrhage</b>		INTERVAL BETWEEN ONSET AND DEATH <b>8 days</b>	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES (b) <b>arteriosclerosis</b>	
Morbidity conditions, if any, giving 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? <b>YES</b> <input type="checkbox"/> <b>NO</b> <input checked="" type="checkbox"/>		21. HOW DID INJURY OCCUR?	
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) <b>331x</b>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
22. I hereby certify that I attended the deceased from <b>Jan 10, 1957</b> , to <b>Jan 14, 1957</b> , that I last saw the deceased alive on <b>Jan 17, 1957</b> , and that death occurred at <b>8:15 a.m.</b> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <b>Dr. Wallace Craig</b>		23b. ADDRESS <b>Chillicothe, Mo</b>	
23c. DATE SIGNED <b>Jan 14, 1957</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>1-21-57</b>	
24c. NAME OF CEMETERY OR CREMATORY <b>Edgewood Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Chillicothe, Missouri</b>	
DATE REC'D BY LOCAL REG. <b>1-18-57</b>		REGISTRAR'S SIGNATURE <b>Francesa B. Neal</b>	
25. FUNERAL DIRECTOR'S SIGNATURE <b>NORMAN FUNERAL HOME; Chillicothe, Mo.</b>		ADDRESS	

**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 *Eaton J. Norman*.....

Licensed Embalmer No. *4036*..

P. O. Address *Chillicothe,*

**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.