

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

FILED MAY 29 1957

State File No. 57 0 178 536  
 Registrar's No. 3045

BIRTH NO.		REG. DIST. NO. 167		PRIMARY REG. DIST. NO. 3045	
1. PLACE OF DEATH a. COUNTY Livingston			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Livingston		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Chillicothe		c. LENGTH OF STAY (in this place) 9 yrs	c. CITY OR TOWN Chillicothe		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 404 Cherry St.			e. STREET ADDRESS (If rural, give location) 404 Cherry St. 0 59 20		
3. NAME OF DECEASED (Type or Print) a. (First) JACKSON		b. (Middle)		c. (Last) BOUCHER	
4. DATE OF DEATH May 21 1957		5. SEX Male		6. COLOR OR RACE White	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH May 26 1886		9. AGE (In years last birthday) 70	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, or, if retired, County Supt of Schools)		10b. KIND OF BUSINESS OR INDUSTRY Schools Education		11. BIRTHPLACE (City and State or Foreign Country) Sampsel, Missouri	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Andrew Boucher		13b. MOTHER'S MAIDEN NAME Elizabeth Gobin	
14. NAME OF HUSBAND OR WIFE Lucile Lee		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. NONE	
17. INFORMANT'S SIGNATURE OR NAME Mrs. Lucile Boucher; Chillicothe, 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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlusion INTERVAL BETWEEN ONSET AND DEATH 12 days ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Unknown DUE TO (c) Previous attacks of coronary occlusion during last 4 yrs II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death 4201	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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) (Min)		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 April 27 1953 to May 21, 1957 that I last saw the deceased alive on May 20, 1957 and that death occurred at 9:45 am., from the causes and on the date stated above.					
23a. SIGNATURE G. W. Carpenter M.D.			23b. ADDRESS Chillicothe, Mo. May 21 1957		23c. DATE SIGNED
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE May 23, 1957	24c. NAME OF CEMETERY OR CREMATORY Edgewood Cemetery		24d. LOCATION (City, town, or county) Chillicothe, Missouri
DATE REC'D BY LOCAL REG. 5-22-57		REGISTRAR'S SIGNATURE Frances B Neill		25. FUNERAL DIRECTOR'S SIGNATURE NORMAN FUNERAL HOME Chillicothe, Mo.	

(Licensed Embalmer's Statement on Reverse Side)

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

171-0

VS MAY 23 1960

**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.....  
*Joseph M. Gibson*  
Licensed Embalmer No....4769....

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.