

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

'57 027714
State File No.

FILED AUG 19 1957

BIRTH NO. _____ REG. DIST. NO. 55 PRIMARY REG. DIST. NO. 3011 Registrar's No. 69

1. PLACE OF DEATH a. COUNTY Carroll			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Carroll		
b. CITY (If outside corporate limits, write RURAL and give town) Carrollton		c. LENGTH OF STAY (in this place)	c. CITY OR TOWN Trotter Twp.		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 Atwood Hospital			e. STREET ADDRESS (If rural, give location) 4 miles west of Carrollton		
3. NAME OF DECEASED (Type or Print)	a. (First) Nellie	b. (Middle) Lee	c. (Last) Boelsen	4. DATE OF DEATH (Month) (Day) (Year) August 7, 1957	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Oct. 11, 1891	9. AGE (in years last birthday) 65	IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At home		10b. KIND OF BUSINESS OR INDUSTRY At home	11. BIRTHPLACE (City and State or Foreign Country) Carroll Co., Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME Benjamin A. Haney		13b. MOTHER'S MAIDEN NAME Margaret Dircks		14. NAME OF HUSBAND OR WIFE Henry Boelsen	
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 ADDRESS Henry Boelsen, RFD 1, Carrollton, Mo.		

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))	MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma, rectum with metastasis	ANTECEDENT CAUSES			DUE TO (b) to liver, lungs and brain
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	DUE TO (c)			2 years
II. OTHER SIGNIFICANT CONDITIONS	Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION 1956	19b. MAJOR FINDINGS OF OPERATION Carcinoma of Rectum		20. AUTOPSY? 2 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) (m.)	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 1, 1957**, to **August 7, 1957**, that I last saw the deceased alive on **August 7, 1957**, and that death occurred at **9:40 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE John H. Platy, M.D. (Degree or title)	23b. ADDRESS Carrollton, Missouri	23c. DATE SIGNED 8-8-57
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 8/9/1957	24c. NAME OF CEMETERY OR CREMATORY Oak Hill Cemetery
24d. LOCATION (City, town, or county) (State) Carrollton, Missouri	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Standley & Gibson, Carrollton, Mo.	

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10-48

150

JUN 6 1962

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 *Clyfford W. Justice*
Licensed Embalmer No. **323**

P. O. Address *Tina, 1*

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.