

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-015338
STATE FILE NUMBER

FILED APR 25 1958

Registration District No. 294 Primary Registration District No. 3056 Registrar's No. 93

1. PLACE OF DEATH a. COUNTY Randolph				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Rand. 0783			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Moberly		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Moberly		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Woodland Hospital				Length of stay in lb 45 yrs.		d. STREET ADDRESS (If outside, give location) 507 S. Clark St.	
Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		3. NAME OF DECEASED (Type or print) First Beulah Middle M. Last Boulware					
4. DATE OF DEATH Month 4 Day 12 Year 58		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 10/3/1892		9. AGE (In years last birthday) 65		IF UNDER 1 YEAR Months 0 Days 0		IF UNDER 24 HRS. Hours 0 Min. 0	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) saleswork				10b. KIND OF BUSINESS OR INDUSTRY Monroe County, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME Martin McGee				14. MOTHER'S MAIDEN NAME Nonie Bell Shearer			
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. 492 24 1102		17. INFORMANT Address Mrs. Elsie Briggs Chicago, Ill.			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cerebral hemorrhage due to arteriosclerosis of cerebral blood</u> DUE TO (b) <u>blood</u> DUE TO (c) <u>331X</u> 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 days	
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 5:20 Month May Day 12 Year 1958 a. m. P. p. m.		20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE			
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21. I attended the deceased from <u>May 12 1958</u> to <u>May 12 1958</u> and last saw her/him alive on <u>May 12 1958</u> Death occurred at <u>5:20 P. m</u> on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <i>Clarence Elmore M.D.</i>				22b. ADDRESS <i>Moberly, Mo</i>		22c. DATE SIGNED <i>Apr 15 1958</i>	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 4/15/58		23c. NAME OF CEMETERY OR CREMATORY Oakland		23d. LOCATION (City, town, or county) (State) Moberly Missouri	
24. FUNERAL DIRECTOR ADDRESS Marion E. Million Moberly, Mo				25. DATE RECD. BY LOCAL REG. 4-15-58		26. REGISTRAR'S SIGNATURE <i>Paul St. Louis</i>	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MAY 2 1958

APR 25 1958

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 *Marion E. Million*

Licensed Embalmer No. *395*

P. O. Address *Moberly*

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