

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-000576  
STATE FILE NUMBER

FILED JAN 26 1959 Registration District No. 6 Primary Registration District No. 5235 Registrar's No. 1

1. PLACE OF DEATH a. COUNTY <u>Cedar</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Cedar</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Benton</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>Montevillo, Mo</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>40 years</u>		d. STREET ADDRESS (If outside, give location) <u>H.S.E.</u> Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) <u>ALBERT-ALVIN-BOULTINGHOUSE</u> First <u>Albert</u> Middle <u>Alvin</u> Last <u>Boultinghouse</u>			4. DATE OF DEATH Month <u>1</u> Day <u>13</u> Year <u>1959</u>
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>6-3-1894</u>
9. AGE (In years last birthday) <u>64</u> IF UNDER 1 YEAR Month <u>7</u> Day <u>10</u> IF UNDER 24 HRS. Hours <u></u> Min. <u></u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>	
10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>		11. BIRTHPLACE (City and state or country) <u>Castle Rock, Wash</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>		13. FATHER'S NAME <u>Zachariah Boultinghouse</u>	
14. MOTHER'S MAIDEN NAME <u>Lettie Teener</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>	
16. SOCIAL SECURITY NO. <u>499-445039</u>		17. INFORMANT <u>Rayston Boultinghouse</u> Address <u>Montevillo, Mo</u>	
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>Congestive heart failure</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>Coronary arteriosclerosis</u> DUE TO (c) <u>Generalized arteriosclerosis</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 <u>48 hrs.</u> <u>unknown</u> <u>unknown</u>
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.) <u>4201</u>		20c. TIME OF INJURY Hour <u></u> Month <u></u> Day <u></u> Year <u></u> a. m. <u></u> p. m. <u></u>	
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 <u>Montevillo, Mo</u>		20g. COUNTY <u>Cedar</u>	
20h. STATE <u>Mo</u>		21. I attended the deceased from <u>April 15, 1958</u> to <u>January 10, 1959</u> and last saw <u>him</u> alive on <u>Jan. 10, 1959</u> Death occurred at <u>Montevillo, Mo</u> <u>10-530</u> A. M. on the date stated above; and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE <u>L. P. McCann, M. D.</u> (Degree or title)		22b. ADDRESS <u>Moore Bldg., Nevada, Missouri</u>	
22c. DATE SIGNED <u>Jan. 16, '59</u>		23a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	
23b. DATE <u>1-15-1959</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Braaser Cem</u>	
23d. LOCATION (City, town, or county) (State) <u>3. N. W. Jarvis Hwy. Mo</u>		24. FUNERAL DIRECTOR <u>Dr. A. Long, Jarvis Hwy.</u>	
25. DATE RECD. BY LOCAL REG. <u>1-22-59</u>		26. REGISTRAR'S SIGNATURE <u>Norma Timmerman</u>	

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

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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.....  
*J. P. Long*

Licensed Embalmer No..37

P. O. Address.....  
*Jeris*

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.