RI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

FILED VS DEC 8 1960

60-046454

STATE FILE NUMBER

Registration District No. 146 Primary Registration District No. 3026 Registrar's No. 620

1. PLACE OF DEATH a. COUNTY Jackson	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Jackson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Independence — Length of stay in 1b: Life	c. CITY OR TOWN Independence — Inside Limits Yes ☒ No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 1709 N. River Blvd. — Inside Limits Yes ☒ No ☐	d. STREET ADDRESS (If outside, give location) 1709 N. River — Reside on Farm Yes ☒ No ☐

3. NAME OF DECEASED (Type or print): First MR. JOHN Middle FRANCIS Last BOULGER

4. DATE OF DEATH: Month December Day 21 Year 1960

5. SEX: Male

6. COLOR OR RACE: White

7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐

8. DATE OF BIRTH: Aug. 15, 1883

9. AGE (last birthday): 77

IF UNDER 1 YEAR: Months ___ Days ___ IF UNDER 24 HR: Hours ___ Min. ___

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Dairy Farmer

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (City and state or country): Independence, Mo.

12. CITIZEN OF WHAT COUNTRY: USA

13a. FATHER'S NAME: John Boulger

13b. MOTHER'S MAIDEN NAME: Margaret Hackett

14. NAME OF HUSBAND OR WIFE: Mrs. Bessie Boulger

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): W.W.#1

16. SOCIAL SECURITY NO.: 490-42-4752

17. INFORMANT: Mrs. Bessie Boulger Address: 1709 N. River, Indep., Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Carcinoma Colon — INTERVAL BETWEEN ONSET AND DEATH: 1 year

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 10/7/59, to 12/21/60 and last saw ~~her~~ him alive on 12/18/60

Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Fred W. Hunt, MD

22b. ADDRESS: 10229 Independence Ave KC

22c. DATE SIGNED: 12/22/60

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: Dec. 23, 1960

23c. NAME OF CEMETERY OR CREMATORY: St. Mary's Cemetery

23d. LOCATION (City, town, or county) (State): Independence, Missouri

24. FUNERAL DIRECTOR ADDRESS: OTT & MITCHELL, Indep., Mo.

25. DATE RECD. BY LOCAL REG.: 12-22-60

26. REGISTRAR'S SIGNATURE: James F. Craig

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

VS JAN 5 1961

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalme

or by _____, Student Embalmer No.____

working under my personal supervision.

Student_____ Signed_____

Signature of Student Embalmer

Licensed Embalmer No. 3/8

P. O. Address

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