

FILED DEC 2 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **36723**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 145 PRIMARY REG. DIST. NO. 5566 Registrar's No. 104

1. PLACE OF DEATH a. COUNTY <b>Iron</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Iron</b>	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <b>Bellevue</b> )		c. CITY OR TOWN <b>Bellevue</b>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. LENGTH OF STAY (In this place) <b>2 yrs</b>		e. STREET ADDRESS (If rural, give location) <b>04700</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			
3. NAME OF DECEASED (Type or Print) <b>LAURA</b>	a. (First)	b. (Middle) <b>ANN</b>	c. (Last) <b>BOULCH</b>
4. DATE OF DEATH <b>Nov. 24 1955</b>			
5. SEX <b>fem</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>	8. DATE OF BIRTH <b>March 18 1887</b>
9. AGE (In years last birthday) <b>68</b>		IF UNDER 1 YEAR Months <b>8</b> Days <b>6</b>	IF UNDER 4 HRS. Hours <b></b> Min. <b></b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>at home</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>own home</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Iron County Missouri</b>
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>			
13a. FATHER'S NAME <b>Oscar Scott</b>		13b. MOTHER'S MAIDEN NAME <b>Louisa Payne</b>	14. NAME OF HUSBAND OR WIFE <b>Edward Boulch</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>no</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Edward Boulch, Bellevue Mo.</b>
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Medullary paralysis (Increased Intracranial pressure)</b>		INTERVAL BETWEEN ONSET AND DEATH <b>3 days</b>	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES DUE TO (b) <b>Circulatory failure</b> <b>3 days</b>	
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c) <b>Hypertension</b> <b>444X</b> <b>Years</b>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
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) 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 <u>April 6, 1955</u> , to <u>Nov 24, 1955</u> , that I last saw the deceased alive on <u>Nov 24, 1955</u> , and that death occurred at <u>4:22 P.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <b>R. A. Mendigate, D. O.</b>		23b. ADDRESS <b>Bismarck, Mo.</b>	23c. DATE SIGNED <b>11-26-55</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>	24b. DATE <b>11-27-55</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Indian Creek Cem.</b>	24d. LOCATION (City, town, or county) (State) <b>Courtois Missouri</b>
DATE REC'D BY LOCAL REG. <b>11-30-1955</b>	REGISTRAR'S SIGNATURE <b>Mrs. Elizabeth Logan</b>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>White Funeral Home, Ironton Mo.</b>	

(Licensed Embalmer's Statement on Reverse Side)

*Rued White*

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

0470

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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 *Amel J. White*.....

Licensed Embalmer No. *2412*

P. O. Address *Director's Office*

- 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.