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MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

34720

State File No. 8

Registration District No. 5049

Primary Registration District No. 1004

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Barton

(b) City or town Richland *Richland*

(c) Name of hospital or institution: 5 Mile S.E. of Lamar Mo. *2*

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 40 Years (Specify whether years, months or days)

In this community 40 Years

3. (a) PRINT FULL NAME Mary Malissie Baston

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife F.A. Boston

6. (c) Age of husband or wife if alive 82 years

7. Birth date of deceased Aug. 15th 1860

(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>80</u>	<u>2</u>	<u>3</u>	hr. _____ min.

9. Birthplace Phabel Co. Ill.

(City, town, or county) (State or foreign country)

10. Usual occupation House Wife

11. Industry or business Housekeeping

MOTHER FATHER {

12. Name Arch Caselberry

13. Birthplace Unknown Ill.

(City, town, or county) (State or foreign country)

14. Maiden name Phoebe Ann Whistler

15. Birthplace Unknown Ill.

(City, town, or county) (State or foreign country)

16. (a) Informant Sally Ann Baston

(b) Address Lamar, Mo.

17. (a) Burial (b) Date thereof Oct. 20th. 1940

(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Waters Cem.

18. (a) Signature of funeral director Chas. J. Toeter

(b) Address Jasper Mo.

19. (a) Oct. 19 1940 (b) Thelma Orshook

(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Barton

(c) City or town Rural

(If outside city or town limits, write "RURAL")

(d) Street No. 5 Mile S.E. of Lamar Mo.

(If rural, give location)

(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 18

year 1940 hour 6 PM minute _____ M.

21. I hereby certify that I attended the deceased from September 1 1940 to October 18 1940

that I last saw h.e. alive on September 18 1940

and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral thrombosis

Duration 6 weeks

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death)

PHYSICIAN

Major findings: _____

Of operations _____

Of autopsy _____

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

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While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature Thos. F. Miller (M. D. or other) _____

Address Lamar Mo. Date signed 10/19/40

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

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 _____

Phus J. Teeter

_____, Registered Apprentice No. _____

working under my personal supervision.

Signed

Phus J. Teeter

Licensed Embalmer No. *25-66*

P. O. Address *Gasper Mo*

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 this body is not embalmed, above space should be left blank.