

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 37397-A

No. 300  
10-48

FILED APR 26 1954

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2001 Registrar's No. \_\_\_\_\_

|   |  |   |   |
|---|--|---|---|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Jasper</u>  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <u>Ark.</u><br>b. COUNTY <u>Benton</u> |   |
| b. CITY (If outside corporate limits, write RURAL and give township)<br>OR TOWN <u>Joplin</u> |  | c. CITY OR TOWN <u>Gravette</u>   | d. Is Residence within limits of a city or incorporated town?<br>Yes <input type="checkbox"/> No <input type="checkbox"/> |
| c. LENGTH OF STAY (in this place)<br><u>2 months</u>  |  | e. STREET ADDRESS (If rural, give location)<br><u>Route 2</u>   |   |
| d. FULL NAME OF HOSPITAL OR INSTITUTION<br><u>305 Pearl ave.</u>                              |  |   |   |

|  |                                  |  |   |  |  |
|--|----------------------------------|--|---|--|--|
| 3. NAME OF DECEASED (Type or Print)<br>a. (First) <u>Annie</u><br>b. (Middle) <u>Maria</u><br>c. (Last) <u>Boatright</u> |                                  |  | 4. DATE OF DEATH<br>(Month) (Day) (Year)<br><u>11 - 14 - 46</u>     |  |  |
| 5. SEX<br><u>Female</u>  | 6. COLOR OR RACE<br><u>white</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)<br><u>married</u> | 8. DATE OF BIRTH<br><u>8-15-1879</u>                                | 9. AGE (In years last birthday)<br><u>67</u> | IF UNDER 1 YEAR Months Days<br>IF UNDER 24 HRS. Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>housewife</u>          |                                  | 10b. KIND OF BUSINESS OR INDUSTRY  | 11. BIRTHPLACE (City and State or Foreign Country)<br><u>Kansas</u> |  | 12. CITIZEN OF WHAT COUNTRY?<br><u>USA</u>                 |

|   |  |   |  |   |  |
|---|--|---|--|---|--|
| 13a. FATHER'S NAME<br><u>Ephriam G. Cox</u>                       |  | 13b. MOTHER'S MAIDEN NAME<br><u>Maria Burns</u> |  | 14. NAME OF HUSBAND OR WIFE<br><u>James F. Boatright</u>                        |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) |  | 16. SOCIAL SECURITY NO.                         |  | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS<br><u>Mrs. Alice Long Joplin, Mo.</u> |  |

|   |  |                                  |                                  |  |
|---|--|----------------------------------|----------------------------------|--|
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION  |                                  | INTERVAL BETWEEN ONSET AND DEATH |  |
|   | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cornary Embollus</u>   |                                  |                                  |  |
|   | ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <u>Myocarditis</u><br>DUE TO (c) _____ |                                  |                                  |  |
| 19a. DATE OF OPERATION  |  | 19b. MAJOR FINDINGS OF OPERATION |                                  | 20. AUTOPSY?<br>YES <input type="checkbox"/> NO <input 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 \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_ and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.

|   |  |   |  |  |  |
|---|--|---|--|--|--|
| 23a. SIGNATURE<br><u>Ed J. James Lic. Reg</u>               |  | 23b. ADDRESS<br><u>Joplin, Missouri</u> |  | 23c. DATE SIGNED<br><u>4/24/54</u>   |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>Removal</u> |  | 24b. DATE<br><u>11-14-46</u>            |  | 24c. NAME OF CEMETERY OR CREMATORY<br><u>Gravette Cemetery Gravette Ark.</u> |  |

|  |  |   |  |   |  |
|--|--|---|--|---|--|
| DATE REC'D BY LOCAL REG.<br><u>4-24-54</u> |  | REGISTRAR'S SIGNATURE<br><u>Ed J. James</u> |  | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS<br><u>W. L. Smith Libbards Spgs. Ark</u> |  |
|--|--|---|--|---|--|

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

(Licensed Embalmer's Statement on Reverse Side)

JUL 8 1957

APR 20 1957

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 *E. P. Yeatt*.....  
Licensed Embalmer No. 3211.....

P. O. Address *Wileam [unclear] Ar*.....

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.