No. 300
10.48

FILED MAR 5 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

5979

State File No. 1734

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. 1003 Registrar's No. _____

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis
c. LENGTH OF STAY (In this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. John's Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Illinois
b. COUNTY: Clay
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Centralia
d. STREET ADDRESS (If rural, give location): 204 Junction

3. NAME OF DECEASED (Type or Print)
a. (First): Lilburn
b. (Middle): R.
c. (Last): Boggs

4. DATE OF DEATH (Month) (Day) (Year): Feb. 21, 1949

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): (W)
8. DATE OF BIRTH: Unknown 1889
9. AGE (In years last birthday): Abt. 60 — If under 1 year: Months 0, Days 13, Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired-Pres.
10b. KIND OF BUSINESS OR INDUSTRY: Cem. Ass'n.
11. BIRTHPLACE (State or foreign country): Marion County, Illinois
12. CITIZEN OF WHAT COUNTRY?

13a. FATHER'S NAME: Hugh Boggs
13b. MOTHER'S MAIDEN NAME: Mary Tilford
14. NAME OF HUSBAND OR WIFE: Aleida Owens Boggs

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S SIGNATURE OR NAME ADDRESS: H. Queens - Centralia, Illinois

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

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of duodenum — INTERVAL BETWEEN ONSET AND DEATH: 6 Months

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) shock following operation — 8 hrs
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: Feb 21 - 1949
19b. MAJOR FINDINGS OF OPERATION: Ca of duodenum & pancreas
20. AUTOPSY? YES ☐ NO ☒

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Feb 15, 1949, *to* Feb 21, 1949 *that I last saw the deceased alive on* Feb 21, 1949 *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE: Wm P Glennon (Degree or title) MD
23b. ADDRESS: University Club Bldg
23c. DATE SIGNED: 2-23-49

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 2-22-49
24c. NAME OF CEMETERY OR CREMATORY
24d. LOCATION (City, town, or county) (State): Centralia, Ill.

DATE REC'D BY LOCAL REG.: FEB 24 1949
REGISTRAR'S SIGNATURE: J. B. Lasater
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Herman Funeral Home 5216 Delmar

(Licensed Embalmer's Statement on Reverse Side)

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

OCT 4 1958

NOV 7 1956

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.

Signed John Fetter

Licensed Embalmer No. 3880

Signed.....
Student Embalmer

P. O. Address.....

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, fact should be so stated above.