

FILED APR 26 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 12171

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 131 PRIMARY REG. DIST. NO. 5520 Registrar's No. 96

1. PLACE OF DEATH a. COUNTY Henry				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Henry					
b. CITY (If outside corporate limits, write RURAL and give town or township) Rural, Windsor Twsp.		c. LENGTH OF STAY (in this place) 21 yrs		c. CITY (If outside corporate limits, write RURAL and give township) Rural, Windsor Twsp.		42			
d. FULL NAME OF HOSPITAL OR INSTITUTION R # 3, Windsor				d. STREET ADDRESS (If rural, give location) R # 3, Windsor					
3. NAME OF DECEASED (Type or Print) a. (First) Anne b. (Middle) Sutherland c. (Last) Boney			4. DATE OF DEATH (Month) (Day) (Year) April 12 1949						
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Sept. 11, 1901	9. AGE (In years last birthday) 47	IF UNDER 1 YEAR Months 7	IF UNDER 1 YEAR Days 1	IF UNDER 1 YEAR Hours Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Johnson County, Missouri		12. CITIZEN OF WHAT COUNTRY? USA			
13a. FATHER'S NAME James O. Sutherland			13b. MOTHER'S MAIDEN NAME Etta Elbert		14. NAME OF HUSBAND OR WIFE William C. Boney				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME William C. Boney, Windsor, Mo.					
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				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cancer of breast				ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Spontaneous carcinoma					
				DUE TO (c) Carcinoma of breast					
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 170X									
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? 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) (Min.)		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 4-13, 1949, and that death occurred at 12:45 pm from the causes and on the date stated above.									
23a. SIGNATURE Arnold M.D.				23b. ADDRESS Windsor Mo		23c. DATE SIGNED 4-13-49			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 4-14-49		24c. NAME OF CEMETERY OR CREMATORY Laurel Oak		24d. LOCATION (City, town, or county) (State) Windsor Missouri			
DATE REC'D BY LOCAL REG 4-13-49		REGISTRAR'S SIGNATURE Florence Andair		25. FUNERAL DIRECTOR'S SIGNATURE Houston Turner, Windsor, Mo.					

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 7,

District File Number 3.49.430

Date Filed 4-25-49

MAY 12 1949

MAY 1 1949

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 William M. Turner

Signed \_\_\_\_\_  
Student Embalmer

Licensed Embalmer No. 4648

P. O. Address Windsor, T.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to complete the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.