

No. 300  
10-48

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 18562

FILED JUL 12 1949

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 15 PRIMARY REG. DIST. NO. 6070 Registrar's No. 32

1. PLACE OF DEATH a. COUNTY BARTON		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY BARTON	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN MILFORD		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN MILFORD	
c. LENGTH OF STAY (in this place) 68 YRS		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) HATTIE	a. (First)	b. (Middle) C.	c. (Last) BOLES	4. DATE OF DEATH (Month) (Day) (Year) JULY 7 1949
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5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH MAY 18 1870	9. AGE (In years last birthday) 79	IF UNDER 1 YEAR Months	IF UNDER 1 HOUR Hours	IF UNDER 1 MIN. Min.
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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) PLATTE COUNTY, MISSOURI	12. CITIZEN OF WHAT COUNTRY? US
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13a. FATHER'S NAME WILLIAM C. THOMAS	13b. MOTHER'S MAIDEN NAME SARAH FAUBTON	14. NAME OF HUSBAND OR WIFE JOHN C. BOLES
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO	16. SOCIAL SECURITY NO. NONE	17. INFORMANT'S SIGNATURE OR NAME REED BOLES,	ADDRESS LAMAR, MISSOURI
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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) <i>Pulmonary Tuberculosis</i>		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		002A

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from Jan 15, 1939, to July 7, 1949, that I last saw the deceased alive on Feb 2, 1949 and that death occurred at 8:25 p.m., from the causes and on the date stated above.

23a. SIGNATURE <i>E. C. Duncett, M.D.</i> (Degree or title)	23b. ADDRESS Lamar Mo	23c. DATE SIGNED July 8 - 1949
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE JULY 9 1949	24c. NAME OF CEMETERY OR CREMATORY HOWELL CEMETERY	24d. LOCATION (City, town, or county) (State) MILFORD, MISSOURI
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DATE REC'D BY LOCAL REG. JUL 9 - 1949	REGISTRAR'S SIGNATURE <i>Marie Konantz</i>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS KONANTZ FUNERAL HOME, LAMAR, MISSOURI
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(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

District Health Officer No. 6,

District File Number 749-809

Date Filed 7-11-49

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 \_\_\_\_\_

Walter J. Konantz

Student Embalmer No. 319

working under my personal supervision.

Signed Walter J. Konantz  
Student Embalmer

Signed Barb Konantz  
Licensed Embalmer No. 2247  
P. O. Address Lamar, 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, fact should be so stated above.