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FILED JUL 18 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 22572

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 761

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Buchanan	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural	
c. LENGTH OF STAY (In this place) 5 Months		d. STREET ADDRESS (If rural, give location) South of DeKalb, Mo.	
d. FULL NAME OF HOSPITAL OR INSTITUTION Mo. Methodist Hosp.			

3. NAME OF DECEASED (Type or Print) a. (First) Alma b. (Middle) Jackson c. (Last) Boland			4. DATE OF DEATH (Month) (Day) (Year) June 29-49		
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5. SEX female		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced		8. DATE OF BIRTH April 2, 1899		9. AGE (In years last birthday) 50		IF UNDER 1 YEAR Months Days		IF UNDER 24 HRS. Hours 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 home			11. BIRTHPLACE (State or foreign country) Buchanan Co. Missouri			12. CITIZEN OF WHAT COUNTRY? USA		
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13a. FATHER'S NAME William R. Linville			13b. MOTHER'S MAIDEN NAME Mary Myrtle Pepper			14. NAME OF HUSBAND OR WIFE xx		
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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. 491-10-4323		17. INFORMANT'S SIGNATURE OR NAME William F. Linville ADDRESS Dekalb, Mo.			
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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) generalized Convulsions. * ANTECEDENT CAUSES Convulsions of Right grain 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.						INTERVAL BETWEEN ONSET AND DEATH 1 yr 18 mo. 1991	
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19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)		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 **1-15**, 19**49**, to **7-2**, 19**49**, that I last saw the deceased alive on **7-2**, 19**49**, and that death occurred at **10 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE W. F. Linville (Degree or title) M.D.		23b. ADDRESS 420 N. 8th St. St. Joseph, Mo.		23c. DATE SIGNED 7-7-49	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE July 2, 1949		24c. NAME OF CEMETERY OR CREMATORY Mt. Bethel Cem.		24d. LOCATION (City, town, or county) (State) Platte Co. Mo.	
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DATE REC'D BY LOCAL REG. July 11, 1949		REGISTRAR'S SIGNATURE E. B. Jenkins		382		25. FUNERAL DIRECTOR'S SIGNATURE Vaughn Funeral Home, Weston, Mo. ADDRESS	
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING 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 _____

working under my personal supervision.

Student Embalmer No.

Signed W. P. Vaughn

Signed.....
Student Embalmer

Licensed Embalmer No. 4023

P. O. Address Weston, Md

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

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