

FILED AUG 3 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 24375

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

BIRTH NO. _____ REG. DIST. NO. 282 PRIMARY REG. DIST. NO. 4424 Registrar's No. 106

1. PLACE OF DEATH a. COUNTY Polk		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Clair	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Humansville		c. LENGTH OF STAY (In this place) 2 days	
d. FULL NAME OF HOSPITAL OR INSTITUTION Dimit Memorial		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Collins	
3. NAME OF DECEASED (Type or Print) a. (First) Mary b. (Middle) Boswell c. (Last) _____		4. DATE OF DEATH (Month) (Day) (Year) 7/24/49	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH 2/28/1867
9. AGE (In years last birthday) 82		IF UNDER 1 YEAR Months 4 Days 26	IF UNDER 12 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housekeeping		10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (State or foreign country) Cooper County Missouri
12. CITIZEN OF WHAT COUNTRY? U.S.A		13a. FATHER'S NAME James B. Owens	
13b. MOTHER'S MAIDEN NAME Lucy Dickinson		14. NAME OF HUSBAND OR WIFE. --	
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 Roy Boswell		ADDRESS Collins Missouri.	
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic myocarditis 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.	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21a. ACCIDENT (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 <u>June</u> , 19 <u>49</u> , to <u>July 24</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>July 24</u> , 19 <u>49</u> , and that death occurred at <u>5:48 A.M.</u> and the causes and on the date stated above.			
23a. SIGNATURE D. S. Robinson (Degree or title) D. M.D.		23b. ADDRESS Humansville, Mo.	
23c. DATE SIGNED 7/26/49		24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
24b. DATE 7/26/49		24c. NAME OF CEMETERY OR CREMATORY Holsapple Cemetery	
24d. LOCATION (City, town, or county) (State) Collins Mo.		25. FUNERAL DIRECTOR'S SIGNATURE J. B. Goodrich ADDRESS Ocala, Mo.	
DATE REC'D BY LOCAL REG. July 27, 1949		REGISTRAR'S SIGNATURE Ralph Gordenyer ADDRESS 258	

RECEIVED

District Health Officer No. 7,

District File Number 7-49-934

Date Filed 8.2.49

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 _____

Student Embalmer No. _____

working under my personal supervision.

Signed J. B. Goodrich

Signed _____
Student Embalmer

Licensed Embalmer No. 3038

P. O. Address Osceola 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.