

FILED SEP 15 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

226558

State File No. 17

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 279 PRIMARY REG. DIST. NO. 4415 Registrar's No. 17

1. PLACE OF DEATH a. COUNTY <u>Pike</u>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Pike</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Clarksville</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Clarksville</u>	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Lou Boone</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Lou</u>	b. (Middle)	c. (Last) <u>Boone</u>	4. DATE OF DEATH (Month) (Day) (Year)	<u>Sept</u> <u>2</u> <u>1949</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>Apr 4 - 1865</u>	9. AGE (In years last birthday)	IF UNDER 1 YEAR	IF UNDER 12 mos.
				<u>83</u>	<u>4</u>	<u>29</u>

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
<u>Retired</u>	<u>Retired</u>	<u>Clarksville Mo</u>	<u>U.S.A</u>

13a. FATHER'S NAME <u>Wm D. Boone</u>	13b. MOTHER'S MAIDEN NAME <u>Mary Ballard</u>	14. NAME OF HUSBAND OR WIFE
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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) <u>No</u>	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME	ADDRESS
		<u>Mrs Dora Boone Blifford</u>	<u>Clarksville Mo</u>

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, asthma, 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) <u>Fracture, Femur, leg T.</u>		<u>30 days</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Senility</u> DUE TO (c)		<u>21</u>

19a. DATE OF OPERATION <u>None</u>	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT (Specify) <u>Accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Home</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Clarksville Pike Mo</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>July 20 1949</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Tripped &amp; fell doct. to age 82</u>
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22. I hereby certify that I attended the deceased from July 30, 1949, to Sept 2, 1949, that I last saw the deceased alive on Aug 20, 1949, and that death occurred at 5:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>George Harrison</u> (Degree or title)	23b. ADDRESS <u>Clarksville</u>	23c. DATE SIGNED <u>Aug 2, 1949</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Sept 4</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Greenwood</u>	24d. LOCATION (City, town, or county) (State) <u>Clarksville Mo</u>
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DATE REC'D BY LOCAL REG. <u>9-10-49</u>	REGISTRAR'S SIGNATURE <u>Duda Richard</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Harry Harroll</u> ADDRESS <u>Clarksville Mo</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED SEP 12 1948  
District Health Officer No. 1  
District File Number 9-49-15  
Date Filed SEP 12 1948

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 Sept 2-1948

..... Student Embalmer No. ....  
working under my personal supervision.

Student .....  
Student Embalmer

Signed Clifton Mills

Licensed Embalmer No. 3364

P. O. Address Elsherry Md

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.