

FILED NOV 2 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **32917**

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

BIRTH NO. _____		REG. DIST. NO. <u>11</u>		PRIMARY REG. DIST. NO. <u>5042</u>		Registrar's No. <u>80</u>			
1. PLACE OF DEATH a. COUNTY <u>Barry</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Barry</u>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Wayne</u>		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Wayne</u>					
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location)					
3. NAME OF DECEASED (Type or Print) a. (First) <u>John</u> b. (Middle) <u>,</u> c. (Last) <u>Box Sr.</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>9-18-1949</u>						
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>12-2-1873</u>		9. AGE (In years last birthday) <u>75</u>	# UNDER 1 YEAR Months	# UNDER 28 Hrs. Days	# UNDER 24 Hrs. Hours	# UNDER 24 Hrs. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>farmer</u>			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>		
13a. FATHER'S NAME <u>John Box</u>			13b. MOTHER'S MAIDEN NAME <u>Mary Depew</u>		14. NAME OF HUSBAND OR WIFE <u>Birdie Box Box</u>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>unknown</u>			16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Buss Box Wayne, Missouri</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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic Nephritis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) _____ rise to the above cause (a) stating the underlying cause last. 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 <u>592x</u>	
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) m.		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>Sept. 8</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>Sept 8</u> , 19 <u>49</u> , and that death occurred at _____ m., from the causes and on the date stated above.									
23a. SIGNATURE <u>Glenn M. Salyer M.D.</u> (Describe or title)				23b. ADDRESS <u>Cassville Mo.</u>			23c. DATE SIGNED <u>9/27/49</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>9-21-1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Maplewood</u>		24d. LOCATION (City, town, or county) (State) <u>Exeter, Missouri</u>				
DATE RECD BY LOCAL REG. <u>Oct 25-1949</u>		REGISTRAR'S SIGNATURE <u>Grace Williams</u>			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>J. E. Culver - Cassville</u>				

RECEIVED OCT 31 1949
District Health Office No. 6,

District File Number _____
Date Filed _____

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 Margaret C. Kenbert

Student Embalmer

Licensed Embalmer No. 4389

P. O. Address Cassville

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.