

FILED NOV 15 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **33660**

BIRTH NO. _____		REG. DIST. NO. <u>137</u>		PRIMARY REG. DIST. NO. <u>3023</u>		Registrar's No. <u>250</u>	
1. PLACE OF DEATH a. COUNTY <u>Henry</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Hickory</u>			
b. CITY OR TOWN <u>Clinton</u>		c. LENGTH OF STAY (in this place) <u>6 weeks</u>		c. CITY OR TOWN <u>Weaubleau - Weaubleau Twp</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Wetzel Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>3 mi. east</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>MARY</u> b. (Middle) <u>NIXON</u> c. (Last) <u>BOONE</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 29 1949</u>				
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>	8. DATE OF BIRTH <u>Nov. 28 - 1872</u>		9. AGE (In years last birthday) <u>76</u>	IF UNDER 1 YEAR Months <u>11</u>	IF UNDER 24 HRS. Days <u>6</u> Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>		11. BIRTHPLACE (State or foreign country) <u>Weaubleau Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Joel N Boone</u>			13b. MOTHER'S MAIDEN NAME <u>Mary Ann Joplin</u>		14. NAME OF HUSBAND OR WIFE <u>None</u>		
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. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Edith Boone - Weaubleau, Mo</u> ADDRESS _____			
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
	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hypertension</u>						
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Fractured Right - Distal Femur</u>						
	DUE TO (c) <u>Senility</u>						
	11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Senility</u>						
19a. DATE OF OPERATION <u>9/21/49</u>		19b. MAJOR FINDINGS OF OPERATION <u>fractured right femur</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE <u>9-18-49</u>		21b. PLACE OF INJURY (e.g., floor or about home, farm, factory, street, office, etc.)		21c. (CITY, TOWN, OR TOWNSHIP) _____		(COUNTY) _____ (STATE) _____ <u>SUPPLEMENTARY</u> <u>13</u>	
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? <u>Walking down road & fell</u>			
22. I hereby certify that I attended the deceased from <u>Sept 18, 1949</u> to <u>Oct 30, 1949</u> , that I last saw the deceased alive on <u>Oct 29, 1949</u> , and that death occurred at <u>11 P.</u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>[Signature]</u>				23b. ADDRESS <u>Clinton Mo</u>		23c. DATE SIGNED <u>Oct 30</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Oct 31 - 49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Butcher Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Weaubleau, Mo</u>		
DATE REC'D BY LOCAL REG. <u>Oct 31 - 49</u>		REGISTRAR'S SIGNATURE <u>Florence Adair</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Gilbert H. Thaway</u> ADDRESS <u>Weaubleau, Mo</u>			

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No.
District File Number 10-49
Date Filed 11-14-49

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.

Student _____
Student Embalmer

Signed Chas. Gilbert Hathaway

Licensed Embalmer No. 4267

P. O. Address Wheatland, Md.

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

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