

FILED NOV 14 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34573

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 255 PRIMARY REG. DIST. NO. 4387 Registrar's No. 24

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

3. NAME OF DECEASED (Type or Print) a. (First) <u>Alexander</u> b. (Middle) _____ c. (Last) <u>Boze</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>10</u> --- <u>16</u> --- <u>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>4</u> --- <u>26</u> --- <u>1880</u>	9. AGE (In years last birthday) <u>69</u>	IF UNDER 1 YEAR Months <u>5</u> Days <u>20</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>Farming</u>		11. BIRTHPLACE (State or foreign country) <u>Alton, Missouri</u>	
				12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	

13a. FATHER'S NAME <u>Pressley Smith Boze</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Cates</u>		14. NAME OF HUSBAND OR WIFE <u>Mary Boze</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <u>Mary Boze</u> ADDRESS <u>Alton, 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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic Ischemic Heart Disease</u>		INTERVAL BETWEEN ONSET AND DEATH <u>4200</u>
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Myocardium - Atherosclerosis</u>		
	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 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 Jan 1940, to Oct 16, 1949, that I last saw the deceased alive on Oct 12, 1949, and that death occurred at 9:30 m., from the causes and on the date stated above.

23a. SIGNATURE <u>DW Cooper M.D.</u> (Degree or title)	23b. ADDRESS <u>Traver Mo</u>	23c. DATE SIGNED <u>10-15-49</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>10-18-1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Bailey cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Oregon county, Missouri</u>
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DATE REC'D BY LOCAL REG. <u>NOV 2 - 1949</u>	REGISTRAR'S SIGNATURE <u>Mrs W C Johnson</u>	25. FEDERAL DIRECTOR'S SIGNATURE <u>Richard Curtis Husu M.D.</u> ADDRESS <u>Cooper</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

11/7/49

District Health Officer No. 5,

District File Number 1149688

Date Filed 11/10/49

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

Leland Carter

Signed _____

Student Embalmer

Licensed Embalmer No. 4516

P. O. Address Shaver, 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.