

No. 300  
10-48

FILED APR 7 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 9646

BIRTH NO. REG. DIST. NO. 210 PRIMARY REG. DIST. NO. 5776 Registrar's No. 19

1. PLACE OF DEATH a. COUNTY Mercer		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY Mercer	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Washington Twp.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Washington Twp.	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print) a. (First) Ida b. (Middle) May c. (Last) Boxley			4. DATE OF DEATH (Month) (Day) (Year) March 20-50		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH June 14, 1866	9. AGE (In years last birthday) 83	10. CITIZEN OF WHAT COUNTRY? U.S.A.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House keeper			11. BIRTHPLACE (State or foreign country) Mercer Co. Mo.		

13a. FATHER'S NAME John Higgins		13b. MOTHER'S MAIDEN NAME Anna Moss		14. NAME OF HUSBAND OR WIFE James Boxley-deceased	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. no		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mr. Carl Boxley Princeton, Mo.	

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) <i>Uremia</i> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Senility</i> 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 <i>5 days</i>  <i>792X</i>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	

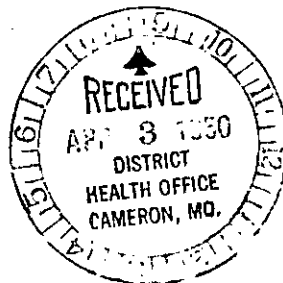
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN OR TOWNSHIP) (COUNTY) (STATE) Princeton Mercer MO	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from *March 16, 1950*, to *Mar 20, 1950*, that I last saw the deceased alive on *March 20, 1950*, and that death occurred at *8 P.* m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <i>J. M. Perry M.D.</i>		23b. ADDRESS <i>Princeton MO</i>		23c. DATE SIGNED <i>Mar 21-50</i>	
24a. BURIAL, CREMATION, REMOVAL (Specify) Buried		24b. DATE 3-22-50		24c. NAME OF CEMETERY OR CREMATORY Union Ceme.	
				24d. LOCATION (City, town, or county) (State) Mercer Co. Mo.	

DATE REC'D BY LOCAL REG. 3-27-50		REGISTRAR'S SIGNATURE <i>M. J. Ruth</i> 393		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Martin Funeral Home Princeton, Mo	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD



### 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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed \_\_\_\_\_

*Ivan Martin*

Signed \_\_\_\_\_  
Student Embalmer

Licensed Embalmer No. *3760*

P. O. Address *Clinton, 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.