

FILED MAY 10 1950

# THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

State File No. **13582**

BIRTH NO. _____		REG. DIST. NO. <u>169</u>		PRIMARY REG. DIST. NO. <u>4258</u>		Registrar's No. <u>24</u>	
1. PLACE OF DEATH a. COUNTY <u>Knox</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Knox</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Edina</u>		c. LENGTH OF STAY (in this place) <u>13</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Salt River</u> <u>Rural</u> <u>0520</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Gibson Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>3 Miles West of Novelty</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Duna</u>		b. (Middle) <u>Jane</u>		c. (Last) <u>Boring</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>April</u> <u>29</u> <u>1950</u>	
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>Feb 9 1875</u>		9. AGE (In years last birthday) <u>75</u> IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 24 HRS: Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Housekeepers</u>		11. BIRTHPLACE (State or foreign country) <u>Knox County Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>	
13a. FATHER'S NAME <u>Oscar Murray</u>		13b. MOTHER'S MAIDEN NAME <u>Josephine Higgins</u>		14. NAME OF HUSBAND OR WIFE <u>Thomas Boring</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____ (If yes, give war or dates of service) _____		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Mr. Joe Boring</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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>arterio hypertension</u> DUE TO (c) <u>arterio sclerosis</u>  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>1 hr</u>          <u>4201</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) (Min.) _____		21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> 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>4-15, 1950</u> to <u>4-29, 1950</u> , that I last saw the deceased alive on <u>4-29, 1950</u> , and that death occurred at <u>11:10 AM</u> from the causes and on the date stated above.							
23a. SIGNATURE <u>[Signature]</u>		(Degree or title) <u>V</u>		23b. ADDRESS <u>[Signature]</u>		23c. DATE SIGNED <u>4/29/50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>4-29-50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Locust Hill Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>1 Miles south of Locust Hill</u>	
DATE REC'D BY LOCAL REG. <u>May-2-50</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Mrs. J. W. Hudson, Edina, Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

JUN 1 1961

MAY 8 1950

RECEIVED

District Health Officer No. 10

District File Number 5-50-786

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

*Mrs J. W. Hudson*

Signed.....  
Student Embalmer

Licensed Embalmer No. 2972

P. O. Address *Edina 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.