

No. 300
EV. 10.48

FILED MAY 11 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

15288

3069 State File No. 1174
1076 Registrar's No.

BIRTH NO. _____ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. _____

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give town) Richmond Heights		c. LENGTH OF STAY (In this place) 49 CITY (If outside corporate limits, write RURAL and give township) Richmond Heights 4495	
d. FULL NAME OF HOSPITAL OR INSTITUTION residence-1242 Higland Terrace		d. STREET ADDRESS (If rural, give location) 1242 Highland Terrace 0	

3. NAME OF DECEASED (Type or Print) a. (First) MERTIE	b. (Middle) BOUGHTON	c. (Last) WHITE	4. DATE OF DEATH (Month) (Day) (Year) 5 6 50
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5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed ✓	8. DATE OF BIRTH October 5 1870	9. AGE (In years last birthday) 79	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	IF UNDER 24 HRS. Hours	IF UNDER 24 HRS. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) at home	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Flint, Michigan	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME George A. Boughton	13b. MOTHER'S MAIDEN NAME Delia Frost	14. NAME OF HUSBAND OR WIFE Verner White
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME Mrs. W.B. Sharp, Sr.,	ADDRESS Huston, Texas.
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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) Arteriosclerotic Heart disease		INTERVAL BETWEEN ONSET AND DEATH 14 hours 4:00
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Myocardial infarction		
	DUE TO (c) none		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. none			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION none	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) none	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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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?
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22. I hereby certify that I attended the deceased from **9 AM May 6, 1950**, to **3:00 AM May 6, 1950**, that I last saw the deceased alive on **May 6, 1950**, and that death occurred at **3:00 P. m.**, from the causes and on the date stated above.

23a. SIGNATURE James E. Jurney Jr. MD	(Degree or title)	23b. ADDRESS 35 N Central Clayton Mo	23c. DATE SIGNED May 6, 1950
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24. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	24b. DATE MAY 7/50	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State) HOUSTON, TEXAS.
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DATE REC'D BY LOCAL REGISTRY MAY 7 1950	REGISTRAR'S SIGNATURE Hubert K. Slonker, M.D.	25. FUNERAL DIRECTOR'S SIGNATURE G. R. LUPTON & SONS.	ADDRESS 7233 DELMAR BLV'D.
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(Licensed Embalmer's Signature on Reverse Side)

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

4005

AUG 12 1964

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 Arnold W. Schoene

Licensed Embalmer No. 3864

P. O. Address St. Louis, 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.