.S. No. 300
EV. 10.48

FILED MAY 23 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

17510

State File No.

BIRTH NO. REG. DIST. NO. 209 PRIMARY REG. DIST. NO. 5766 Registrar's No. 157

0640 1

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

1. PLACE OF DEATH
a. COUNTY: Marion
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Hannibal
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Residence R R # 2

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Marion
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Hannibal 0640
d. STREET ADDRESS (If rural, give location): R R # 2 0

3. NAME OF DECEASED (Type or Print)
a. (First) b. (Middle) c. (Last): Albert Luther Boss

4. DATE OF DEATH (Month) (Day) (Year): May 5, 1950

5. SEX: Male 0

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married /

8. DATE OF BIRTH: April 2, 1884

9. AGE (In years last birthday): 66
IF UNDER 1 YEAR: Months 1 Days 3
IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: XX

11. BIRTHPLACE (State or foreign country): Mount Sterling Illinois /

12. CITIZEN OF WHAT COUNTRY?: U S A

13a. FATHER'S NAME: William Boss

13b. MOTHER'S MAIDEN NAME: Isabel Surratt

14. NAME OF HUSBAND OR WIFE: Sarah Boss

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): None

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S SIGNATURE OR NAME ADDRESS: Mrs. Cora Boss, Hannibal Missouri

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myo-carditis — INTERVAL BETWEEN ONSET AND DEATH: Not known

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Anemia — 4 2 2 2

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

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 ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* April 15, 19 50, *to* May 5, 19 50, *that I last saw the deceased alive on* May 5, 19 50, *and that death occurred at* 1:45 P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): J. C. Chilton MD

23b. ADDRESS: 500 Broadway, Hannibal, Mo

23c. DATE SIGNED: 5-11-50

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 5/8/50

24c. NAME OF CEMETERY OR CREMATORY: Grandview Burial Park

24d. LOCATION (City, town, or county) (State): Hannibal Missouri

DATE REC'D BY LOCAL REG.: 5-13-50

REGISTRAR'S SIGNATURE: By W. F. Fisher Dr. E. M. Lucas Deputy

25. FUNERAL DIRECTOR'S SIGNATURE: M. Campbell Smith

ADDRESS: Hannibal Missouri

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED MAY 18 1950
MARION CO. HEALTH DEPT.
DATE FILED MAY 22 1950

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 John L Ward

Licensed Embalmer No. 1540

P. O. Address Hannibal Missouri

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.