

STANDARD CERTIFICATE OF DEATH

State File No. **22436**BIRTH NO. _____ REG. DIST. NO. **925** PRIMARY REG. DIST. NO. **4472** Registrar's No. **21**

1. PLACE OF DEATH a. COUNTY Schuyler		2. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission). a. STATE Missouri b. COUNTY Schuyler	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Queen City		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Queen City	
c. LENGTH OF STAY (in this place) 5 yrs		d. STREET ADDRESS (If rural, give location) 0981	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) 0	

3. NAME OF DECEASED (Type or Print) a. (First) JOHN b. (Middle) LEMUEL c. (Last) BOGGS		4. DATE OF DEATH (Month) (Day) (Year) JUNE 25, 1950	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH May 25, 1881
9. AGE (In years last birthday) 69		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming	
11. BIRTHPLACE (State or foreign country) Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.	

13a. FATHER'S NAME George W. Boggs	13b. MOTHER'S MAIDEN NAME Artie Banheart	14. NAME OF HUSBAND OR WIFE Mary Boggs
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	16. SOCIAL SECURITY NO. -	17. INFORMANT'S SIGNATURE OR NAME John W. Boggs ADDRESS Des Moines, Ia.

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 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Uremia ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Congestive Heart Failure DUE TO (c) Arteriosclerosis 2. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH 4500
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 **May 31**, 19**49**, to **June 25**, 19**50**, that I last saw the deceased alive on **June 24**, 19**50**, and that death occurred at **1:55 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE R. W. Bradley M.D. (Degree or title)	23b. ADDRESS Queen City, Mo.	23c. DATE SIGNED 6-26-50
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 6-27-1950	24c. NAME OF CEMETERY OR CREMATORY Clinton Cemetery
24d. LOCATION (City, town, or county) (State) Schuyler Co. Mo.	25. FUNERAL DIRECTOR'S SIGNATURE Wm. H. West ADDRESS Queen City Mo.	
DATE REC'D BY LOCAL REG. June 21-50	REGISTRAR'S SIGNATURE Miss. A. J. Drake	

(Licensed Embalmer's Statement on Reverse Side)

JUL 13 1950
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

JUL 15 1950

RECEIVED JUL 7 1950
District Health Officer No. 10
District File Number 7-50-1094
Date Filed JUL 9 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 _____

Licensed Embalmer No. 2882

P. O. Address Greencity, 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.