

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED JUL 28 1950

State File No. 24125

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 229 PRIMARY REG. DIST. NO. 5809 Registrar's No. 15

1. PLACE OF DEATH a. COUNTY <u>Montgomery Co.</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri.</u> b. COUNTY <u>Montgomery Co.</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Bluffton Mo. Rural</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Bluffton, Mo. Rural</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Danville</u>		d. STREET ADDRESS (If rural, give location) <u>Danville P.P.</u>	
3. NAME OF DECEASED a. (First) <u>Sarah</u> b. (Middle) <u>Belle</u> c. (Last) <u>Boone.</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>June 30th 1950</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>June 17th 1877</u>
9. AGE (In years last birthday) <u>73</u>		IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 4 HRS. Hours _____ Mins. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housework</u>		10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (State or foreign country) <u>Callaway Co.</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>		13. FATHER'S NAME <u>Warren Tate.</u>	
13b. MOTHER'S MAIDEN NAME <u>Orvy Hamblin.</u>		14. NAME OF HUSBAND OR WIFE <u>Samual Boone.</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>Minim Tate</u> ADDRESS <u>Wellsville</u>			
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) <u>Acute Myocarditis</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Asthma</u> DUE TO (c) <u>Bronchitis Chronic</u>  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		21. ACCIDENT SUICIDE HOMICIDE (Specify) _____	
21a. 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 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>June 17</u> , 19 <u>50</u> , to <u>JUNE 30</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>June 25</u> , 19 <u>50</u> , and that death occurred at <u>10.30 a.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>James O. Helm</u> (Degree or title) <u>MD.</u>		23b. ADDRESS <u>NEW FLORENCE MO.</u>	
23c. DATE SIGNED <u>7-2-50</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>Jul 2nd 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Horeb</u>	
24d. LOCATION (City, town, or county) (State) <u>West of Mineola, Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Walter J. Fink</u> ADDRESS <u>Americus, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>7-2-50</u>		REGISTRAR'S SIGNATURE <u>James O. Helm MD.</u>	

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

5700

0150

2 yrs.  
2 yrs.  
431X

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.....

*D B Baker*

Signed.....

Student Embalmer

Licensed Embalmer No. 3375

P. O. Address Americus, 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.