

STANDARD CERTIFICATE OF DEATH

State File No. 27790

FILED SEP 13 1950

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 4 PRIMARY REG. DIST. NO. 4410 Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY <u>Phelps</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Phelps</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>St. James</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>St. James</u>	
c. LENGTH OF STAY (In this place) <u>11 mo.</u>		d. STREET ADDRESS (If rural, give location) <u>Soldiers Home</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Soldiers Home</u>		d. STREET ADDRESS <u>Soldiers Home</u>	

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3. NAME OF DECEASED (Type or Print) <u>George</u>		a. (First) <u>W.</u>	b. (Middle)	c. (Last) <u>Boresi</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Aug. 16, 1950</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Divorced</u>		8. DATE OF BIRTH <u>Jan 29, 1884</u>	9. AGE (In years last birthday) <u>66</u>	IF UNDER 1 YEAR Months <u>-</u> Days <u>-</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Painter</u>		10b. KIND OF BUSINESS OR INDUSTRY -----		11. BIRTHPLACE (State or foreign country) <u>St. Louis, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>

13a. FATHER'S NAME <u>Henry Boresi</u>	13b. MOTHER'S MAIDEN NAME <u>Lorothy Bullman</u>	14. NAME OF HUSBAND OR WIFE <u>Divorced</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <u>Yes World War I</u>	16. SOCIAL SECURITY NO. <u>407-124077</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Salesley Home St James Mo</u>	ADDRESS <u>St James Mo</u>
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>myocardial infarction</u>		MEDICAL CERTIFICATION <u>myocardial infarction</u>	ONSET BETWEEN ONSET AND DEATH <u>24 hours</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a), stating the underlying cause last. <u>Generalized arteriosclerosis</u>			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<u>4-201</u>		

19a. DATE OF OPERATION -----	19b. MAJOR FINDINGS OF OPERATION -----	20. AUTOPSY? - YES <input type="checkbox"/> - NO <input checked="" type="checkbox"/>
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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) _____	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 Aug 15, 1950, to Aug 16, 1950, that I last saw the deceased alive on Aug 16, 1950, and that death occurred at 4:00 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>James D. Britts MD</u>	(Degree or title)	23b. ADDRESS <u>St James, Missouri</u>	23c. DATE SIGNED <u>9/30/50</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>8-18-50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Soldiers Home Cem</u>	24d. LOCATION (City, town, or county) (State) <u>St James, Mo</u>
DATE REC'D BY LOCAL REG. <u>8-31-50</u>	REGISTRAR'S SIGNATURE <u>Cara O. Birmingham</u>	25. SPECIAL DIRECTOR'S SIGNATURE <u>Lee K. White</u>	ADDRESS <u>St James Mo</u>

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

RECEIVED

Phelps County Health Officer, **DSS** 6 AON

County File Number \_\_\_\_\_

Date Filed 9/5/50

DEP 131950

**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 \_\_\_\_\_

*me*

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_

Student Embalmer

Signed *Oral E. Lickler*

Licensed Embalmer No. *354P*

P. O. Address *St James 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.