

FILED NOV 30 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 36094

BIRTH NO. _____		REG. DIST. NO. <u>15</u>		PRIMARY REG. DIST. NO. <u>5069</u>		Registrar's No. <u>80</u>			
1. PLACE OF DEATH a. COUNTY <u>Barton</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Barton</u>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Lamar Township</u>		c. LENGTH OF STAY (In this place) <u>1 yr.</u>		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Rural-Lamar Twp. 0060</u>					
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>At Home</u>				d. STREET ADDRESS (If rural, give location) <u>Route 2 Lamar</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>George</u>			b. (Middle)		c. (Last) <u>Boss</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 14, 1950</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>		8. DATE OF BIRTH <u>July 16, 1867</u>		9. AGE (In years last birthday) <u>83</u>	# UNDER 1 YEAR Months	# UNDER 6 HRS. Hours	# UNDER 15 MIN. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Own Farm</u>		11. BIRTHPLACE (State or foreign country) <u>Shelby County, Indiana</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>			
13a. FATHER'S NAME <u>Fred L. Boss</u>			13b. MOTHER'S MAIDEN NAME <u>Telitha Joyce</u>			14. NAME OF HUSBAND OR WIFE <u>None</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mr. Ira Boss, Lamar, Mo.</u>					
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)				MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary atherosclerosis</u>									
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				DUE TO (b) <u>Infectious cystitis</u>		<u>Prostatic enlargement</u>		<u>24 hours</u>	
				DUE TO (c) <u>Prostatic tumor (no malignancy)</u>		<u>(supp. resect)</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 checked="" type="checkbox"/>	
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) <u>LAMAR Barton Mo</u>					
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 <u>Nov 13, 1950</u> , to <u>Nov 14, 1950</u> , that I last saw the deceased alive on <u>Nov 14, 1950</u> , and that death occurred at <u>5:30 p.m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE <u>DR. Guedner</u> (Degree or title)				23b. ADDRESS <u>LAMAR Mo</u>		23c. DATE SIGNED <u>11-15-50</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>11-17-1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Lake Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Lamar, Missouri</u>				
DATE REC'D BY LOCAL REG. <u>NOV 16 1950</u>		REGISTRAR'S SIGNATURE <u>Marie Korant</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Clarence H. Chiles</u>		ADDRESS <u>Lamar Mo</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

W. J. ...
DIVISION OF HEALTH OF MO.
District No. 5 - Springfield

RECEIVED NOV 20 1950

Dist. File 1150-2341

Date Filed 11/29/50

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, on by

working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed Charles W. Childs

Licensed Embalmer No. 3473

P. O. Address Lawrence 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.