

FILED DEC 14 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

36357

State File No. ....

0164

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

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 53 PRIMARY REG. DIST. NO. 3010 Registrar's No. 376

1. PLACE OF DEATH a. COUNTY <u>Cape Girardeau</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Cape Girardeau</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Cape Girardeau</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Cape Girardeau</u>	
c. LENGTH OF STAY (in this place) <u>31 yrs.</u>		d. STREET ADDRESS (If rural, give location) <u>117 South Frederick Street</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>117 South Fredrick Street</u>		d. STREET ADDRESS (If rural, give location) <u>117 South Frederick Street</u>	
3. NAME OF DECEASED a. (First) <u>MARY</u> b. (Middle) <u>E.</u> c. (Last) <u>BOOS</u>		4. DATE OF DEATH <u>December 7, 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>November 17, 1866</u>
9. AGE (In years last birthday) <u>84</u>		IF UNDER 1 YEAR <u>0</u> Months	IF UNDER 1 HRS. <u>20</u> Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Own Home</u>	11. BIRTHPLACE (State or foreign country) <u>New Wells, Missouri</u>
12. CITIZEN OF WHAT COUNTRY? <u>U. S.</u>		13a. FATHER'S NAME <u>Dennis Schloss</u>	
13b. MOTHER'S MAIDEN NAME <u>Mary Unknown</u>		14. NAME OF HUSBAND OR WIFE <u>August Boos</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>No</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Mr. August Boos</u>		ADDRESS <u>Cape Girardeau, Mo.</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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>arteriosclerotic cardio-vascular</u> ANTECEDENT CAUSES DUE TO (b) <u>renal disease</u> DUE TO (c) <u>Multiple decubital ulcers.</u>	
INTERVAL BETWEEN ONSET AND DEATH <u>?</u>		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)		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>9-6-'50, 1950, to 12-7-1950</u> , that I last saw the deceased alive on <u>12-7-1950</u> , and that death occurred at <u>3:45 p. m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Charles F. Wilcox</u>		23b. ADDRESS <u>714 Broadway Cape Girardeau, Mo.</u>	
23c. DATE SIGNED <u>12-8-'50</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>Dec. 9, 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>St. Marys Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Cape Girardeau, Missouri</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Walters Funeral Home</u>	
DATE REC'D BY LOCAL REG. <u>12-8-1950</u>		REGISTRAR'S SIGNATURE <u>C. C. Summers</u>	
44		ADDRESS <u>Cape Gir</u>	

Mo.

RECEIVED

DEC 12 1950

DISTRICT HEALTH OFFICE No. 6

File No. ....

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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 *Virgil K. Kelch* .....

Licensed Embalmer No. *4102* .....

P. O. Address *Cape Girardeau,* .....

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.