

FILED FEB 1 1951

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 1856
Registrar's No. 6

BIRTH NO. _____ REG. DIST. NO. 210 PRIMARY REG. DIST. NO. 4322

1. PLACE OF DEATH a. COUNTY Mercer		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY Mercer	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Princeton		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Princeton	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print) Fannie		a. (First) Fannie		b. (Middle) Boss		c. (Last) Boss		4. DATE OF DEATH (Month) (Day) (Year) Jan. 14, 1951	
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH May 3, 1870		9. AGE (In years last birthday) 80	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housekeeper		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Longton Kansas		12. CITIZEN OF WHAT COUNTRY? U.S.A.			

13a. FATHER'S NAME Bazzle Nordyke		13b. MOTHER'S MAIDEN NAME Mary Heirford		14. NAME OF HUSBAND OR WIFE Ben Boss-Deceased	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. no		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Andrew H. Nordyke, Yuma Colo.	

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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusions ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cardio-Vascular Disease DUE TO (c) Fracture left femur - Nov 10-1950 II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH 8 hrs 4201 F	
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19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION Hip spiked operation Nov 13-1950		20. AUTOPSY? YES ☐ NO ☒	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) NATURAL		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Princeton Mercer Mo	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Nov 10 1950 m.		21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒		21f. HOW DID INJURY OCCUR? FELL ON ICE.	

22. I hereby certify that I attended the deceased from **JAN 12, 1947** to **JAN 14, 1951**, that I last saw the deceased alive on **JAN 14, 1951**, and that death occurred at **3A** m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) C. S. Brantner, M.D.		23b. ADDRESS Princeton Mo.		23c. DATE SIGNED 1/14/51.	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 1-16-51		24c. NAME OF CEMETERY OR CREMATORY Pine Ceme.	
24d. LOCATION (City, town, or county) (State) Mercer Co. Mo.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Martin Funeral Home, Princeton, Mo.			

DATE REC'D BY LOCAL REG. **1-22-51** REGISTRAR'S SIGNATURE **M. J. Brantner**

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

0650



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. 3760

P. O. Address Cameron, 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.