

FILED APR 3 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 9527

0804

BIRTH NO. _____ REG. DIST. NO. 274 PRIMARY REG. DIST. NO. 3052 Registrar's No. 98

1. PLACE OF DEATH a. COUNTY <u>Pettis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Pettis</u>	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Sedalia</u>		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Sedalia</u>	
c. LENGTH OF STAY (in this place) <u>17 yrs.</u>		d. STREET ADDRESS (If rural, give location) <u>506 E. 3rd</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>506 E. 3rd</u>		e. STREET ADDRESS (If rural, give location) <u>506 E. 3rd</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>John</u> b. (Middle) <u>William</u> c. (Last) <u>Boatright</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>March 21, 1951</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Oct. 26, 1873</u>
9. AGE (In years last birthday) <u>77</u>		10. MONTH <u>4</u>	11. DAY <u>25</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Grocery - Retired</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Marshall, Mo</u>
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>Henry Boatright</u>	
13b. MOTHER'S MAIDEN NAME <u>Martha Jane Jones</u>		14. NAME OF HUSBAND OR WIFE <u>Elizabeth Jane</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>None</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Mr. O.F. Balke - Sedalia Mo.</u>		ADDRESS	
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Embolism</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertension</u> DUE TO (c) <u>Myocarditis</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"/>		INTERVAL BETWEEN ONSET AND DEATH <u>2 years</u>	
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) (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>Mar 21, 1951</u> , to <u>Mar 21, 1951</u> , that I last saw the deceased alive on <u>Mar 21, 1951</u> , and that death occurred at <u>1:30</u> p.m., from the causes and on the date stated above.			
23a. SIGNATURE <u>E. Suavely, M.D.</u> (Degree or title)		23b. ADDRESS <u>Sedalia Mo.</u>	
23c. DATE SIGNED <u>3/21-51</u>		24a. BURIAL, CREMATION, OR REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>3-23-1951</u>		24c. NAME OF CEMETERY OR CREMATOR <u>Brown Hill</u>	
24d. LOCATION (City, town, or county) (State) <u>Sedalia Mo</u>		24e. FUNERAL DIRECTOR'S SIGNATURE <u>Laughlin Bro - 519 So Ohio</u>	
DATE REC'D BY LOCAL REG. <u>3-23-1951</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>	

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

RECEIVED 4-2-51

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed 4-2-51 _____

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 KPM Cary

Licensed Embalmer No. 3153

P. O. Address Sedalia 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.