

FILED MAY 1 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

11801

State File No. _____

BIRTH NO. _____		REG. DIST. NO. <u>50</u>		PRIMARY REG. DIST. NO. <u>4071</u>		Registrar's No. <u>21</u>	
1. PLACE OF DEATH a. COUNTY <u>Camden</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Camden</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Camdenton</u>		c. LENGTH OF STAY (in this place) <u>2 mo</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Camdenton</u> <u>0150</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Royall Cottages - Camp</u>				d. STREET ADDRESS (If rural, give location) <u>To Royall Cottages Route</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Gust</u> b. (Middle) <u>Walfred</u> c. (Last) <u>Bostron</u>				4. DATE OF DEATH (Month) (Day) (Year) <u>4</u> - <u>19</u> - <u>1951</u>			
5. SEX <u>male</u>		6. COLOR OR RACE <u>wht</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>Oct 21 - 1888</u>	
9. AGE (In years last birthday) <u>62</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life (even if retired)) <u>Carpenter</u>		11. BIRTHPLACE (State or foreign country) <u>Sweden</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
10a. KIND OF BUSINESS OR INDUSTRY <u>Building</u>		13a. FATHER'S NAME <u>Gust Bostron</u>		13b. MOTHER'S MAIDEN NAME <u>Marie Johnson</u>		14. NAME OF HUSBAND OR WIFE <u>Agnes Johnson</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>350-09-6644</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Gust Bostron</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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Thrombosis</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last: DUE TO (b) <u>Arterial Sclerosis</u> DUE TO (c) <u>over 1 year or more</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>Sudden</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>viewed</u> , 19 <u>51</u> , to <u>about</u> , 19 <u>51</u> , that I last saw the deceased <u>alive on</u> , 19 <u>51</u> , and that death occurred at <u>7:30 a.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Mrs. Bellberry County Coroner</u>				23b. ADDRESS <u>Camdenton, Mo.</u>		23c. DATE SIGNED <u>4-21-51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>4-21-51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Roach</u>		24d. LOCATION (City, town, or county) (State) <u>Camden Missouri</u>	
DATE REC'D BY LOCAL REG. <u>April 23-1951</u>		REGISTRAR'S SIGNATURE <u>Zelpha Inaw</u> <u>42</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Banksen Abbey</u> <u>Camdenton Mo</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

NOV 6 1952

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

Abbie Banks Woolery

Licensed Embalmer No. *2488*

P. O. Address *Camden, 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.