

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

23907

State File No.

BIRTH NO. _____ REG. DIST. NO. 254 PRIMARY REG. DIST. NO. 4386 Registrar's No. 28

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|---|--|---|--|--|--|
| 1. PLACE OF DEATH a. COUNTY <u>Oregon</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Arkansas</u> | | b. COUNTY <u>Lawrence</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) <u>Thayer</u> | | c. LENGTH OF STAY (in this place) <u>Temporary</u> | | c. CITY (If outside corporate limits, write RURAL and give township) <u>Hoxie</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION | | d. STREET ADDRESS (If rural, give location) <u>8030</u> <u>8</u> | | | |

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|--|----------------------------|----------------------------|-----------|---|
| 3. NAME OF DECEASED (Type or Print) | a. (First) <u>HARRY</u> | b. (Middle) <u>BOAS</u> | c. (Last) | 4. DATE OF DEATH (Month) (Day) (Year) <u>July 16 1951</u> |
|--|----------------------------|----------------------------|-----------|---|

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|-----------------------|----------------------------------|---|--|--|---------------------------------------|-------------------------------------|---------------------------------------|------------------|
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Divorced 3</u> | 8. DATE OF BIRTH <u>Nov. 10, 1898</u> | 9. AGE (In years last birthday) <u>52</u> | IF UNDER 1 YEAR Months <u>8</u> | IF UNDER 1 YEAR Days <u>6</u> | IF UNDER 24 HRS. Hours <u>6</u> | Min. <u>8</u> |
|-----------------------|----------------------------------|---|--|--|---------------------------------------|-------------------------------------|---------------------------------------|------------------|

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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Brakeman</u> | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) <u>Hoxie, Arkansas</u> | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> |
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| 13a. FATHER'S NAME <u>Harry Boas, Sr.</u> | 13b. MOTHER'S MAIDEN NAME <u>Ida Jackson</u> | 14. NAME OF HUSBAND OR WIFE <u>Lois Shoemaker</u> |
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| 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. | 17. INFORMANT'S SIGNATURE OR NAME <u>Jack Boas, Walnut Ridge, Arkansas</u> | ADDRESS |
|---|-------------------------|---|---------|

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| 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 Heart Disease</u> | | |
| ANTECEDENT CAUSES | DUE TO (b) | | |
| <i>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</i> | DUE TO (c) | | |
| II. OTHER SIGNIFICANT CONDITIONS | Conditions contributing to the death but not related to the disease or condition causing death. | | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION <u>4/201</u> | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
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|--|--|---|
| 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) |
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| | | |
|--|--|----------------------------|
| 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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 4:00 AM from the causes and on the date stated above.

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|---|-------------------------------------|----------------------------------|------------------------------------|
| 23a. SIGNATURE <u>Lee Dee Martin</u> | (Degree or title) <u>Coroner</u> | 23b. ADDRESS <u>Thayer Mo</u> | 23c. DATE SIGNED <u>7-16-51</u> |
|---|-------------------------------------|----------------------------------|------------------------------------|

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|---|-----------|---|--|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u> | 24b. DATE | 24c. NAME OF CEMETERY OR CREMATORY <u>Lawrence Memorial Park</u> | 24d. LOCATION (City, town, or county) (State) <u>Walnut Ridge, Ark.</u> |
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| DATE REC'D BY LOCAL REG. <u>7-28-51</u> | REGISTRAR'S SIGNATURE <u>Ella Boas</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Island Carter</u> | ADDRESS <u>Thayer Mo</u> |
|--|---|--|-----------------------------|

(Licensed Embalmer's Statement on Reverse Side)

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

750
3

RECEIVED

JUL 30 1951

DISTRICT HEALTH OFFICE N

File No.....

AUG 10 1951

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.....

.....
working under my personal supervision.

Signed.....

Blair Carter
Student Embalmer No.....

Signed.....
Student Embalmer

Licensed Embalmer No. *4516*

P. O. Address *Shawnee 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.