

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED OCT 2 1957

BIRTH NO. REG. DIST. NO. 50 PRIMARY REG. DIST. NO. 5179 Registrar's No. 44

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>Rural Cape</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>DeCATORVILLE</u>	
c. LENGTH OF STAY (In this place) <u>life</u>		d. STREET ADDRESS (If rural, give location) <u>Gen Del</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>F B Boan home - (hu)</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Eva</u>	b. (Middle)	c. (Last) <u>Boan</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Sep 1 - 1957</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>wht</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Dec 19 - 1895</u>	9. AGE (In years last birthday) <u>55</u>	10 UNDER 24 HRS. <u>8</u>	11 UNDER 24 HRS. <u>12</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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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>DeCATORVILLE, MO</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Frank Raynes</u>	13b. MOTHER'S MAIDEN NAME <u>Delphia Richardson</u>	14. NAME OF HUSBAND OR WIFE <u>Hayd F Boan</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. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>F B Boan DeCATORVILLE, MO.</u>
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))  <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>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>Sudden</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary occlusion</u>		
	ANTECEDENT CAUSES Morbid 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>4207</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"/>
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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)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from Sept 1, 1957, to 19, that I last saw the deceased alive on 19, 1957, and that death occurred at 10 A m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Abbie Banks Woolery Coroner</u>	23b. ADDRESS <u>36 Camden, MO</u>	23c. DATE SIGNED <u>Sept 2 - 57</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Sept 3 - 1957</u>	24c. NAME OF CEMETERY OR CREMATORY <u>DeCATORVILLE</u>	24d. LOCATION (City, town, or county) (State) <u>DeCATORVILLE MO</u>
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DATE REC'D BY LOCAL REG. <u>Sept 28 - 1957</u>	REGISTRAR'S SIGNATURE <u>Delpha Draw</u>	42	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Banks-Woolery Camden MO</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED 10-1-51

DISTRICT HEALTH OFFICE No. 3

10-1-51

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 *Robert Wooley* .....

Licensed Embalmer No. *2488* .....

P. O. Address *Candletown MS* .....

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.