

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

37819

State File No. ....

FILED DEC 13 1951

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 157 PRIMARY REG. DIST. NO. 3028 Registrar's No. 228

493  
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <u>Jasper</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jasper</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Carthage</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Carthage</u>	
c. LENGTH OF STAY (In this place) <u>2 Mo.</u>		d. STREET ADDRESS (If rural, give location) <u>225 N. Maple</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>225 N. Maple</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Josephine</u> b. (Middle) _____ c. (Last) <u>Boley</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 1, 1951</u>		
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5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>3-15-1873</u>		9. AGE (In years last birthday) <u>78</u>		10. MONTHS _____		11. YEARS _____		12. HOURS _____		13. MIN. _____	
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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 _____			11. BIRTHPLACE (State or foreign country) <u>Ill.</u>			12. CITIZENRY OF WHAT COUNTRY? <u>U.S.A.</u>		
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13a. FATHER'S NAME <u>unknown</u>			13b. MOTHER'S MAIDEN NAME <u>unknown</u>			14. NAME OF HUSBAND OR WIFE <u>Jesse Boley</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)		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Clarence Boley</u>		ADDRESS <u>Carthage, Mo.</u>	
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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>Cardiac Failure</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>From Arteriosclerotic Heart Disease Arteriosclerosis</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Senile Dementia</u>				INTERVAL BETWEEN ONSET AND DEATH <u>10 hrs</u> <u>1951</u>	
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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? <u>4200</u>	
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22. I hereby certify that I attended the deceased from 11-20, 1951, to 12-1, 1951, that I last saw the deceased alive on 11/20, 1951, and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.

23a. SIGNATURE <u>[Signature]</u> M.D.		23b. ADDRESS <u>[Address]</u>		23c. DATE SIGNED <u>12-3-51</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>12-3-1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Park Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Carthage Mo.</u>	
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DATE REC'D BY LOCAL REG. <u>12-3-51</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u>		ADDRESS <u>Ulmer Funeral Home Carthage, Mo.</u>	
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RECEIVED 12-11-51  
Jasper County Health Office

County File Number 51/12/933

Date Filed 12-11-51

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 \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_  
Student Embalmer

Student Embalmer No. \_\_\_\_\_

Signed *Ray E. Rose*

Licensed Embalmer No. 4779

P. O. Address *Cothage, 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.