

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

State File No. ....

FILED FEB 18 1952

BIRTH NO. _____		REG. DIST. NO. <u>47</u>		PRIMARY REG. DIST. NO. <u>5157</u>		Registrar's No. <u>56</u>	
1. PLACE OF DEATH a. COUNTY <u>Callaway Co.</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri.</u> b. COUNTY <u>Callaway Co.</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR <u>Portland Mo.</u> TOWN <u>Auxvasse T.S.P.</u>		c. LENGTH OF STAY (in this place) <u>73 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR <u>Portland, Mo. Rural</u> TOWN _____		d. STREET ADDRESS (If rural, give location) <u>Auxvasse T.S.P.</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Home</u>				d. STREET ADDRESS (If rural, give location) _____			
3. NAME OF DECEASED a. (First) <u>Benjamin</u> b. (Middle) <u>Earl</u> c. (Last) <u>Boone,</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Feb 14th 1952</u>				
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Jan 28th 1879</u>	9. AGE (In years last birthday) <u>73</u>	IF UNDER 1 YEAR Months _____	IF UNDER 2 YEAR Days _____	IF UNDER 2 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Ret Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>		11. BIRTHPLACE (State or foreign country) <u>Portland, Mo. Rural</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>Benjamin Boone,</u>		13b. MOTHER'S MAIDEN NAME <u>Elvira Thornhill,</u>		14. NAME OF HUSBAND OR WIFE <u>Mattie C. Boone,</u>			
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. <u>488-28</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Jack Cummings Portland</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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arteriosclerotic heart disease</u> INTERVAL BETWEEN ONSET AND DEATH <u>3-4 yrs.</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Nephritis-nephrosis</u> DUE TO (c) _____ 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"/>	
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 (Month) (Day) (Year) (Hour) _____	
21d. TIME (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 _____, 1949, to <u>Feb. 14, 1952</u> , that I last saw the deceased alive on <u>Feb. 1, 1952</u> , and that death occurred at <u>6:00 A.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>John Ryan M.D.</u> (Degree or title)				23b. ADDRESS <u>Bermain Mo</u>		23c. DATE SIGNED <u>2-14-52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Feb 16th 1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Bethon Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>West of Americus Mo.</u>	
DATE REC'D BY LOCAL REG. <u>Feb 16-1952</u>		REGISTRAR'S SIGNATURE <u>Maretha Lawrence</u> <u>426</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Madison Park, Americus</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

0140  
1

M.D.

OCT 17 1950

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 W B Baker

Licensed Embalmer No. 3375

P. O. Address Americus, 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.