

U.S. DEPARTMENT OF HEALTH, EDUCATION & WELFARE
STANDARD CERTIFICATE OF DEATH

Seabrogh
State File No. 4194

FILED MAR 3 1952

BIRTH NO. _____ REG. DIST. NO. 53 PRIMARY REG. DIST. NO. 3010 Registrar's No. 54

1. PLACE OF DEATH
a. COUNTY CAPE Girardeau
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN CAPE GIRARDEAU
c. LENGTH OF STAY (in this place) 6 days
d. FULL NAME OF HOSPITAL OR INSTITUTION ST FRANCIS HOSP.

2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission).
a. STATE MO b. COUNTY SCOTT
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN SIKESTON 1003
d. STREET ADDRESS (If rural, give location) 826 LAKE ST

3. NAME OF DECEASED (Type or Print)
a. (First) WILLIAM b. (Middle) CHARLES c. (Last) BOARDMAN, SR.
4. DATE OF DEATH (Month) (Day) (Year) 2-10-52

5. SEX MALE 6. COLOR OR RACE WHITE 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED 8. DATE OF BIRTH MAR. 1, 1877 9. AGE (In years if last birthday) 74 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER 10b. KIND OF BUSINESS OR INDUSTRY GEN. FARMING 11. BIRTHPLACE (State or foreign country) EVANSVILLE IND 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME THOMAS M. BOARDMAN 13b. MOTHER'S MAIDEN NAME SARAH DAY 14. NAME OF HUSBAND OR WIFE ELIZABETH JANE BOARDMAN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service) 16. SOCIAL SECURITY NO. [blank] 17. INFORMANT'S SIGNATURE OR NAME Mrs. W. C. Boardman ADDRESS Sikeston Mo.

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, asthma, etc. It means the disease, injury, or complication which caused death.
MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerosis
ANTECEDENT CAUSES Hemorrhage
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. Anti-Coagulant Drugs
DUE TO (b) Arteriosclerosis
DUE TO (c) _____
II. OTHER SIGNIFICANT CONDITIONS* Conditions contributing to the death but not related to the disease or condition causing death. Pulmonary Embolism
INTERVAL BETWEEN ONSET AND DEATH 5 days

19a. DATE OF OPERATION 2-6-52 19b. MAJOR FINDINGS OF OPERATION Kidney Pelvis Packed with Blood Clots 20. AUTOPSY? YES NO

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 NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-6, 1952 to 2-10, 1952, that I last saw the deceased alive on 2-10, 1952 and that death occurred at 7:30 P.M., from the causes and on the date stated above.

23a. SIGNATURE [Signature] (Degree or title) 23b. ADDRESS 801a Poplarville Sikeston Mo 23c. DATE SIGNED 2-20-52

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE 2-11-52 24c. NAME OF CEMETERY OR CREMATORY MEMORIAL PARK 24d. LOCATION (City, town, or county) (State) SIKESTON MO

DATE REC'D BY LOCAL REG. 2-25-52 REGISTRAR'S SIGNATURE C. C. Summers 44-0 25. FUNERAL DIRECTOR'S SIGNATURE WEHL Funeral Home - Sikeston Mo ADDRESS

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

#164
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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 Embalmer No.

Signed Raymond Crews

Signed.....

Student Embalmer

Licensed Embalmer No. 2467

P. O. Address Sikeston 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.