

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 4258

FILED MAR 12 1952

BIRTH NO.		REG. DIST. NO. 61	PRIMARY REG. DIST. NO. 4107	Registrar's No. 20
1. PLACE OF DEATH a. COUNTY Cedar		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE Missouri b. COUNTY Cedar		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN El Dorado Springs, Mo 6 wks		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Caplinger Mills, Mo 1200		
d. FULL NAME OF HOSPITAL OR INSTITUTION Nickols Nursing Home		d. STREET ADDRESS (If rural, give location)		
3. NAME OF DECEASED (Type or Print) a. (First) CLAUDE b. (Middle) M. c. (Last) BOATMAN		4. DATE OF DEATH (Month) (Day) (Year) Feb. 19, 1952		
5. SEX Male 0	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Mar. 27, 1883	9. AGE (In years last birthday) 68
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Unknown		10b. KIND OF BUSINESS OR INDUSTRY Unknown	11. BIRTHPLACE (State or foreign country) Cedar County, Missouri	12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME William Boatman		13b. MOTHER'S MAIDEN NAME Martha Briscoe		14. NAME OF HUSBAND OR WIFE
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes		16. SOCIAL SECURITY NO. Spanish American 552-07-2469		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mar. Mary Culbert, Del Paso, Calif.
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) Intestinal obstruction ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Gastro-intestinal carcinoma 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 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?
22. I hereby certify that I attended the deceased from Jan. 1, 1952, to Feb. 19, 1952, that I last saw the deceased alive on Feb. 19, 1952, and that death occurred at 3:30 A.M., from the causes and on the date stated above.				
23a. SIGNATURE (Signature) D.O.		23b. ADDRESS El Dorado Springs		23c. DATE SIGNED 2/23/52
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 2-21-52		24c. NAME OF CEMETERY OR CREMATORY Caplinger Mills
24d. LOCATION (City, town, or county) (State) Cedar County, Missouri				
DATE REC'D BY LOCAL REG. 3 6 52		REGISTRAR'S SIGNATURE (Signature)		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS (Signature) Stanton, Mo.

418-1 (Licensed Embalmer's Statement on Reverse Side)

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

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 Richard H. Bandall

Licensed Embalmer No. 4866

P. O. Address Stockton, 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.