

MAILED JUL 7 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 19925

BIRTH NO. _____ REG. DIST. NO. 82 PRIMARY REG. DIST. NO. 3017 Registrar's No. 62

272
1

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

1. PLACE OF DEATH a. COUNTY COOPER		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MO	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN BOONVILLE		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN BOONVILLE	
c. LENGTH OF STAY (In this place) 4 yrs		d. STREET ADDRESS (If rural, give location) 214. MORGAN	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print)		4. DATE OF DEATH (Month) (Day) (Year)	
a. (First) ELIZABETH	b. (Middle)	c. (Last) VIVIAN	JUNE 30-52

5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH FEB-23-1882	9. AGE (In years last birthday) 70	IF UNDER 1 YEAR Months 4 Days 8	IF UNDER 24 HRS. Hours 4 Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE	10b. KIND OF BUSINESS OR INDUSTRY ✓	11. BIRTHPLACE (State or foreign country) COOPER COUNTY MO	12. CITIZEN OF WHAT COUNTRY? U.S.A
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13a. FATHER'S NAME ANTON HAZEL	13b. MOTHER'S MAIDEN NAME WILHELMINA STOCK	14. NAME OF HUSBAND OR WIFE GODFREY VIVIAN
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) ✓	16. SOCIAL SECURITY NO. ✓	17. INFORMANT'S SIGNATURE OR NAME GODFREY VIVIAN	ADDRESS BOONVILLE MO
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH ± 5 years
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypertension - Arteriosclerotic Cardio - Vascular Disease		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Bronchopneumonia		48 hours	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 443X	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) (Min.)	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 **6-25-52**, 19**52**, to **6-30**, 19**52**, that I last saw the deceased alive on **6-29-52**, 19**52**, and that death occurred at **4 3/4** m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) B. M. Stuart, M.D.	23b. ADDRESS 329 Main St. Boonville, MO	23c. DATE SIGNED 7-1-52
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE JULY 2-52	24c. NAME OF CEMETERY OR CREMATORY WALNUT GROVE CEM. BOONVILLE	24d. LOCATION (City, town, or county) (State) MO
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DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 7-2-52	REG. D. Hoozer	25. FUNERAL DIRECTOR'S SIGNATURE 384 Goodman T Boller	ADDRESS Boonville MO
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FEB 18 1953

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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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

J. H. Goodman

Licensed Embalmer No. 1178

P. O. Address Boonville 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.