

FILED JUN 30 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

19999

State File No.

BIRTH NO. _____ REG. DIST. NO. 104 PRIMARY REG. DIST. NO. 5418 Registrar's No. 22

1. PLACE OF DEATH a. COUNTY <u>Dunklin</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>0350</u>	
b. CITY (If outside corporate limits, write BURIAL and give township) OR TOWN <u>Malvern R#2</u>		c. CITY (If outside corporate limits, write BURIAL and give township) OR TOWN <u>Senath</u>	
c. LENGTH OF STAY (In this place) <u>5 weeks</u>		d. STREET ADDRESS (If rural, give location) <u>Ken Dal</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Malvern R#2</u>			
3. NAME OF DECEASED a. (First) <u>Johnathan</u> b. (Middle) <u>Coial</u> c. (Last) <u>Boat</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Apr. 8, 1952</u>	
5. SEX <u>M. & W.</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Dec. 16, 1866</u>
9. AGE (In years last birthday) <u>85</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 2 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <u>Farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Farm</u>	11. BIRTHPLACE (State or foreign country) <u>Tenn.</u>	12. CITIZEN OF WHAT COUNTRY? <u>1</u>
13a. FATHER'S NAME <u>Johnathan Boat</u>	13b. MOTHER'S MAIDEN NAME <u>✓</u>	14. NAME OF HUSBAND OR WIFE <u>Mary E. Boat</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.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs Nellie Coial Malvern</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, assthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Langrene, extremities</u> ANTECEDENT CAUSES <u>Arteriosclerotic Heart Disease</u> 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.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4200</u>	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) (Min.)	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 <u>5 April 1952</u> to <u>8 April 1952</u> that I last saw the deceased alive on <u>7 April 1952</u> and that death occurred at <u>6:30 A. M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Walter Williams M.D.</u>		23b. ADDRESS <u>Malvern, Mo.</u>	23c. DATE SIGNED <u>10 Apr 52</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Apr. 9, 1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Senath</u>	24d. LOCATION (City, town, or county) (State) <u>Senath, Missouri</u>
DATE REC'D BY LOCAL REG. <u>May 28-1952</u>	REGISTRAR'S SIGNATURE <u>J. S. Schuman 87</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Emerson Son</u>	

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

1350

RECEIVED DUNKLIN COUNTY HEALTH
DEPARTMENT 6-9-52
COUNTY FILE NUMBER 652-145

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. _____

Student _____
Student Embalmer

Signed _____

Licensed Embalmer No. _____

P. O. Address _____

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.

Not Embalmed