

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

21764

State File No. 5286
Registrar's No. 5286

FILED JUN 27 1952

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

1. PLACE OF DEATH a. COUNTY <i>Missouri Baptist Hosp.</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <i>Missouri</i> b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>St. Louis, Missouri</i>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>St. Louis 2269</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION: <i>Missouri Baptist Hospital</i>		d. STREET ADDRESS (If rural, give location) <i>26 1421 Bremen Avenue.</i>	
3. NAME OF DECEASED (Type or Print) a. (First) <i>Clyde</i> b. (Middle) <i>M.</i> c. (Last) <i>Boozier</i>			4. DATE OF DEATH (Month) (Day) (Year) <i>June 7, 1952</i>
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	8. DATE OF BIRTH <i>June 13 1901</i>
9. AGE (In years last birthday) <i>50</i>		10. UNDER 1 YEAR Months _____ Days _____	11. UNDER 1 HRS. Hours _____ Mins. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Clerk</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Emerson Electric</i>	11. BIRTHPLACE (City and State or Foreign Country) <i>Walcott, Arkansas</i>
12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>		13a. FATHER'S NAME <i>John M. Boozier</i>	
13b. MOTHER'S MAIDEN NAME <i>Dora Alice Pack</i>		14. NAME OF HUSBAND OR WIFE <i>Jessie Boozier.</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>No Nil</i>		16. SOCIAL SECURITY NO. <i>429-36-7122</i>	
17. INFORMANT'S SIGNATURE OR NAME <i>Jessie Boozier, 1421 Bremen Ave.</i>		ADDRESS _____	
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) <i>Lymphosarcoma of abdominal lymph nodes</i> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>a neck.</i> DUE TO (c) _____	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <i>marked secondary anemia</i>		INTERVAL BETWEEN ONSET AND DEATH <i>10 months</i>	
19a. DATE OF OPERATION <i>1951</i>	19b. MAJOR FINDINGS OF OPERATION <i>Biopsy lymph nodes neck.</i>		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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? <i>2001</i>	
22. I hereby certify that I attended the deceased from <i>Feb. 18 51, to June 7, 1952</i> , that I last saw the deceased alive on <i>June 6, 1952</i> , and that death occurred at <i>5:15 A.M.</i> , from the causes and on the date stated above.			
23a. SIGNATURE <i>D. J. Verda M.D.</i> (Degree or title)		23b. ADDRESS <i>4500 Olive St</i>	23c. DATE SIGNED <i>6-7-52</i>
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Removal</i>	24b. DATE <i>6-7-52</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Mt. Zion Cemetery</i>	24d. LOCATION (City, town, or county) (State) <i>Walcott, Arkansas.</i>
DATE REC'D BY LOCAL REG. <i>JUN 10 1952</i>	REGISTRAR'S SIGNATURE <i>Carl Smith</i>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>Albert H. Hoppe, 4700 Washington</i>	

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 Me

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed W W Wilkinson

Licensed Embalmer No. 3575

P. O. Address St Louis 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.