

S. No. 300
v. 10-48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

32090

State File No. _____

FILED SEP 22 1952

BIRTH NO. _____ REG. DIST. NO. 163 PRIMARY REG. DIST. NO. 51-93 Registrar's No. 40

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

1. PLACE OF DEATH a. COUNTY Jefferson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo b. COUNTY Jefferson	
b. CITY OR TOWN Rural-Plattin	c. LENGTH OF STAY (In this place) yrs.	c. CITY (If outside corporate limits, write RURAL and give township) Rural-Plattin	
d. FULL NAME OF HOSPITAL OR INSTITUTION Rt. 1-DeSoto, Mo.		d. STREET ADDRESS (If rural, give location) Rt. 1-DeSoto, Mo.	

3. NAME OF DECEASED (Type or Print) Jessie Lee Boggs	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) Sept. 3-1952
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5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Dec. 8-1887	9. AGE (In years last birthday) 64	10. UNDER 1 YEAR Months Days	11. UNDER 2 HRS. Hours 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 At Home	11. BIRTHPLACE (City and State or Foreign Country) St. Francois Co. Mo	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Charles F Rickus	13b. MOTHER'S MAIDEN NAME Susan White	14. NAME OF HUSBAND OR WIFE Le Roy I Boggs
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Le Roy Boggs	18. ADDRESS Rt. 1-DeSoto, 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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 7 years
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of breast.		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Generalized metastasis		
DUE TO (c)		6 months	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Pleural effusion			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 170X	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 checked="" 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 **1951**, to **Sept 3**, 1952, that I last saw the deceased alive on **Sept 3**, 1952, and that death occurred at **4:00 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE Marie Farris (Degree or title) M.D.	23b. ADDRESS DeSoto, Mo.	23c. DATE SIGNED Sept 1952
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 9-5-52	24c. NAME OF CEMETERY OR CREMATORY Woodlawn	24d. LOCATION (City, town, or county) (State) DeSoto, Mo.
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DATE REC'D BY LOCAL REG. 9-12-52	REGISTRAR'S SIGNATURE Marie Farris	25. FUNERAL DIRECTOR'S SIGNATURE See Mothershead	ADDRESS DeSoto, Mo.
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(Licensed Embalmer's Statement on Reverse Side)

DATE RECEIVED SEP 17 1952
JEFFERSON COUNTY HEALTH DEPT.
HILLSBORO, MISSOURI

SEP 22 1952

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 Andrew H. England

Licensed Embalmer No. 47845

P. O. Address De Soto 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.