

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **41219**

FILED NOV 24 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **324** PRIMARY REG. DIST. NO. **6092** Registrar's No. **222**

0970

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

1. PLACE OF DEATH a. COUNTY <b>Saline</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <b>MO</b> b. COUNTY <b>Saline</b>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Marshall</b>		c. LENGTH OF STAY (In this place) <b>2 1/2</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Troy</b> <b>0570</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Missouri State School</b>			d. STREET ADDRESS (If rural, give location)		
3. NAME OF DECEASED (Type or Print) a. (First) <b>Honda</b> b. (Middle) <b>Lean</b> c. (Last) <b>Boose</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Nov 18 1952</b>		
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Never Married</b>	8. DATE OF BIRTH <b>Feb. 10 - 1936</b>	9. AGE (In years last birthday) <b>16</b>	IF UNDER 1 YEAR Months <b>9</b> Days <b>10</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Patient</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>State School</b>		11. BIRTHPLACE (State or foreign country) <b>MO</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
13a. FATHER'S NAME <b>Sam S Boose</b>		13b. MOTHER'S MAIDEN NAME <b>Benny Wedgwood</b>		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>		16. SOCIAL SECURITY NO. <b>no</b>		17. INFORMANT'S SIGNATURE OR NAME <b>State School Records Marshall</b>	
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Encephalitis</b>  ANTECEDENT CAUSES As for conditions, if any, giving rise to the above cause, (a) stating the underlying cause last. DUE TO (b) <b>Lobar Pneumonia</b> DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Epilepsy</b>			INTERVAL BETWEEN ONSET AND DEATH <b>11 Days</b> <b>11 Days</b>
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) (Minute)		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 <b>Nov 8, 1952</b> , to <b>Nov 18, 1952</b> , that I last saw the deceased alive on <b>Nov 15, 1952</b> , and that death occurred at <b>6:45 p.m.</b> , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <b>J. M. H. Davidson M.D.</b>			23b. ADDRESS <b>Missouri State School Marshall</b>		23c. DATE SIGNED <b>11-18-52</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>Nov. 18, 1952</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Troy Cemetery</b>		24d. LOCATION (City, town, or township) (State) <b>Troy MO.</b>
DATE REC'D BY LOCAL REG. <b>Nov. 18, 1952</b>		REGISTRAR'S SIGNATURE <b>Bridney F Gray 385</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Campbell-Lewis Marshall, Mo.</b>	

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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 *R. W. Tammell Jr.*

Licensed Embalmer No. 3469

P. O. Address Marshall, Me

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.