

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED MAR 12 1953

BIRTH NO. _____ REG. DIST. NO. 59 PRIMARY REG. DIST. NO. 4097 Registrar's No. 45

01910

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

1. PLACE OF DEATH a. COUNTY <u>0855</u>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <u>MO</u> b. COUNTY <u>0855</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Harrisonville</u>	c. LENGTH OF STAY (If this place) <u>19 days</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>Harrisonville</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Memorial Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>507 W. Mechanic</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Emma</u> b. (Middle) <u>M.W.</u> c. (Last) <u>Boardman</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 26-1953</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>	8. DATE OF BIRTH <u>May 26-1879</u>	9. AGE (In years last birthday) <u>73</u> if UNDER 1 YEAR Months Days if UNDER 24 Hrs. Mins.
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10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <u>School Teacher, retired 23 yrs.</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <u>St Louis, Mo.</u>	12. CITIZEN OF WHAT COUNTRY <u>USA</u>
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13a. FATHER'S NAME <u>Wallace Boardman</u>	13b. MOTHER'S MAIDEN NAME <u>ANNA S. NIEMAN</u>	14. NAME OF HUSBAND OR WIFE <u>NONE</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>	16. SOCIAL SECURITY NO. <u>NONE</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Perle Boardman</u>	ADDRESS <u>Harrisonville, Mo.</u>
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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, atherosclerosis, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>1 1/2 yrs.</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>CARCINOMA of LUNG</u>		
	ANTECEDENT CAUSES DUE TO (b) <u>CARCINOMA of BREAST</u> 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>163X</u>	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)
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 Aug. 16, 1952 to Feb. 26, 1953, that I last saw the deceased alive on Feb. 26, 1953, and that death occurred at 10 P. M., from the causes and on the date stated above.

23a. SIGNATURE <u>J. S. Triplett M.D.</u>	(Degree or title)	23b. ADDRESS <u>Harrisonville, Mo.</u>	23c. DATE SIGNED <u>2-28-53</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <u>Feb 28 1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Oakland Cem.</u>	24d. LOCATION (City, town, or county) (State) <u>Harrisonville MO</u>
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DATE REC'D BY LOCAL REG. <u>Feb 28 1953</u>	REGISTRAR'S SIGNATURE <u>Alora Barua</u>	4571-1	25. FUNERAL DIRECTOR'S SIGNATURE <u>Alora Barua</u>	ADDRESS <u>Harrisonville</u>
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mo.

MAR 24 1953

MAR 12 1953

RECEIVED
MAR 7
CASS COUNTY
HEALTH DEPARTMENT

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 *Wayd Johnson*

Licensed Embalmer No. *3920*

P. O. Address *Jarvisville*

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.

Mo.