

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **9146**

FILED APR 14 1953		REG. DIST. NO. <b>68</b>		PRIMARY REG. DIST. NO. <b>5266</b>		Registrar's No. <b>15</b>		
1. PLACE OF DEATH a. COUNTY <b>Christian</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Mo</b> b. COUNTY <b>Christian</b>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rural HINLEY T.P.</b>		c. LENGTH OF STAY (In this place) <b>29 yrs</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rural HINLEY T.P. 0220</b>		d. STREET ADDRESS (If rural, give location) <b>0</b>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Ozark, R.R</b>				d. STREET ADDRESS (If rural, give location) <b>Ozark, R.R</b>				
3. NAME OF DECEASED a. (First) <b>Floyd</b>			b. (Middle) <b>Bougher</b>		c. (Last) <b>Bougher</b>			
4. DATE OF DEATH (Type or Print) <b>Mar 13 1953</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Mar 13 1953</b>					
5. SEX <b>M</b>		6. COLOR OR RACE <b>W</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Never Married</b>		8. DATE OF BIRTH <b>Mar 23 1897</b>		
9. AGE (In years last birthday) <b>55</b>		IF UNDER 1 YEAR Months Days		IF UNDER 24 HRS. Hours Min.				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>			10b. KIND OF BUSINESS OR INDUSTRY			11. BIRTHPLACE (City and State or Foreign Country) <b>Iowa</b>		
12. CITIZEN OF WHAT COUNTRY? <b>U S A</b>			13a. FATHER'S NAME <b>Solomon Bougher</b>		13b. MOTHER'S MAIDEN NAME <b>Alice Morton</b>		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>Yes 2nd w War</b>		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <b>Mary Bougher, Ozark, Mo RR</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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Generalized lymphosarcoma</b> INTERVAL BETWEEN ONSET AND DEATH <b>About 1 yr.</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Unknown biopsy lymphosarcoma</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 <b>2001</b>					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)		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>1-24-1953</b> , to <b>3-18-1953</b> , that I last saw the deceased alive on <b>2-18-1953</b> , and that death occurred at <b>12:10 A.M.</b> , from the causes and on the date stated above.								
23a. SIGNATURE <b>R. R. Farthing, M. D.</b> (Degree or title)				23b. ADDRESS <b>Ozark, Mo.</b>		23c. DATE SIGNED <b>3-18-53</b>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>Mar 15 1953</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Forsythe</b>		24d. LOCATION (City, town, or county) (State) <b>Taney, Co Mo</b>		
DATE REC'D BY LOCAL REG. <b>April 4 1953</b>		REGISTRAR'S SIGNATURE <b>Loretta Leonard</b>		59 - 25. FUNERAL DIRECTOR'S SIGNATURE <b>T. B. Chaffin</b>		ADDRESS <b>Ozark Mo</b>		

(Licensed Embalmer's Statement on Reverse Side)

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

OCT 21 1953

APR 4 1953

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

*F. B. Chaffin*

Licensed Embalmer No. *2192*

P. O. Address *Ozark, 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.