

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

20858

FILED JUL 2 - 1953

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 43 PRIMARY REG. DIST. NO. 5135 Registrar's No. 266

1. PLACE OF DEATH a. COUNTY <u>Butler</u>			2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Butler</u>		
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Rural-Ash Hill Twp.</u>		c. LENGTH OF STAY (in this place) <u>Life</u>	c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Rural-Ash Hill Twp.</u>		0120 0
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Poplar Bluff, Rte. 4</u>			d. STREET ADDRESS (If rural, give location) <u>Poplar Bluff, Rte. 4</u>		

3. NAME OF DECEASED (Type or Print) <u>CONNIE BOSTICK</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>June 20 1953</u>		
a. (First)	b. (Middle)	c. (Last)			

5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Child</u>	8. DATE OF BIRTH <u>Sept. 25, 1938</u>	9. AGE (In years last birthday) <u>14</u>	IF UNDER 1 YEAR Months <u>6</u>	IF UNDER 24 HRS. Days <u>25</u>	Hours	Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Child</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Poplar Bluff, Rte. 4</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		

13a. FATHER'S NAME <u>George Bostick</u>	13b. MOTHER'S MAIDEN NAME <u>Myrtle Gunnels</u>	14. NAME OF HUSBAND OR WIFE <u>---</u>
--	---	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Myrtle Davis, Poplar Bluff, R4</u>	ADDRESS
---	--	--	---------

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>6 months</u>
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Leukemia (splenic)</u>	DUE TO (b) <u>Had been an invalid all her life never talked, never walked,</u>		
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	DUE TO (c) <u>Stature of a 4 year old</u>		
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	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) (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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 7:45 p.m. from the causes and on the date stated above.

23a. SIGNATURE <u>George W. Green</u> (Deputy or title) <u>Coroner</u>	23b. ADDRESS <u>Poplar Bluff, Mo</u>	23c. DATE SIGNED <u>June 26 - 53</u>
--	--------------------------------------	--------------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>June 22, 1953</u>	24c. NAME OF CEMETERY OR CREATOR <u>Quin Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Quin, Missouri</u>
---	--------------------------------	---	---

DATE REC'D BY LOCAL REG. <u>6/27/53</u>	REGISTRAR'S SIGNATURE <u>J. H. Bennett</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Landess Funeral Home, Campbell, Mo.</u>	ADDRESS
---	--	---	---------

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

RECEIVED

6/29/53

BUTLER CO. HEALTH CENTER

FILE No. _____

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 Christina M. Landess

Licensed Embalmer No. 4227

P. O. Address Campbell, M

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.