

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

24221

State File No.

No. 300
10.48

FILED AUG 10 1953

BIRTH NO. _____ REG. DIST. NO. 72 PRIMARY REG. DIST. NO. 4134 Registrar's No. 56

6000
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <u>Clay</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Clay</u>		
b. CITY (If outside corporate limits, write RURAL and give town) <u>Smithville</u>		c. LENGTH OF STAY (in this place) <u>15 Weeks</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>6000</u> <u>Smithville</u>		d. STREET ADDRESS (If rural, give location) <u>None</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Smithville Community Hosp</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>Owen</u>		b. (Middle) <u>J.</u>	c. (Last) <u>Boguess</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>July 31 1953</u>
5. SEX <u>Ma</u>	6. COLOR OR RACE <u>Wh</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Aug. 31, 1881</u>	9. AGE (In years last birthday) <u>71</u>	IF UNDER 1 YEAR Months <u>11</u> Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Life Insurance Agent</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Insurance</u>	11. BIRTHPLACE (State or foreign country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>James W. Boguess</u>		13b. MOTHER'S MAIDEN NAME <u>Elizabeth Srite</u>		14. NAME OF HUSBAND OR WIFE <u>Blanche Boguess</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. <u>500-20-7763</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. O. J. Boguess</u> ADDRESS <u>Smithville, Mo.</u>			
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH: (a) <u>Carcinomatosis Abdomen</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>Carcinoma Colon</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>				INTERVAL BETWEEN ONSET AND DEATH <u>7y</u>
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>Carcinoma Sigmoid Colon</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE (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) (m.)	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 <u>July 10, 1951</u> , to <u>July 31, 1953</u> , that I last saw the deceased alive on <u>July 31, 1953</u> and that death occurred at <u>7p m.</u> , from the causes and on the date stated above.					
23a. SIGNATURE <u>[Signature]</u> (Degree or title)			23b. ADDRESS <u>Smithville Mo</u>		23c. DATE SIGNED <u>8/1/53</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>8-2-53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>I.O.O.F. Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Smithville Missouri</u>		
DATE REC'D BY LOCAL REG. <u>8-2-53</u>	REGISTRAR'S SIGNATURE <u>Marguerite Judgen</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>494- McGomas</u>	ADDRESS <u>Funeral Home Smithville, Mo</u>		

(Licensed Embalmer's Statement on Reverse Side)

MAR 1
1956

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 Donald W. Hawks.....

Licensed Embalmer No. 4528.....

P. O. Address Smithville, Missouri.....

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.