No. 300
10.48

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

FILED AUG 17 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 28272

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 758

1. PLACE OF DEATH
a. COUNTY: Greene
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Springfield
c. LENGTH OF STAY (In this place): 11 Days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. John's Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Lawrence
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Mt. Vernon 0550
d. STREET ADDRESS (If rural, give location): 116 Thurman

3. NAME OF DECEASED (Type or Print)
a. (First): BESSIE
b. (Middle): E.
c. (Last): BOSWELL

4. DATE OF DEATH (Month) (Day) (Year): Aug. 10, 1953

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Oct. 23, 1892
9. AGE (In years last birthday): 60 — If under 1 year: Months 9, Days 17 — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Pierce City, Missouri
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Jacob Edwin Eidpath
13b. MOTHER'S MAIDEN NAME: Laura Alice Brothers
14. NAME OF HUSBAND OR WIFE: Gaurney H. Boswell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: No
17. INFORMANT'S SIGNATURE OR NAME: Gaurney H. Boswell — ADDRESS: Mt. Vernon, Mo.

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) ~~ATELECTASIS, BOTH LOWER LOBES~~ PULMONARY INSUFFICIENCY — INTERVAL BETWEEN ONSET AND DEATH: 4 YRS.

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) (1) FIBROUS PLEURISY — 11
(2) ATELECTASIS BOTH LOWER LOBES, CAUSE UNKNOWN — 11
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* Arteriosclerosis heart dis.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: 5270
20. AUTOPSY? YES [X] NO [ ]

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) m.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* DEC. 1949, *to* AUG. 10, 1953, *that I last saw the deceased alive on* AUG. 10, 1953, *and that death occurred at* 8:30 P *m., from the causes and on the date stated above.*

23a. SIGNATURE: Glenn O. Turner (Degree or title) M.D.
23b. ADDRESS: Springfield, Mo.
23c. DATE SIGNED: 8/11/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 8/13/53
24c. NAME OF CEMETERY OR CREMATORY: IOOF Cemetery
24d. LOCATION (City, town, or county) (State): Mt. Vernon, Missouri

DATE REC'D BY LOCAL REG.: 8-15-53
REGISTRAR'S SIGNATURE: Edith Williamson
25. FUNERAL DIRECTOR'S SIGNATURE: Max L. Forrest — ADDRESS: Mt. Vernon, Missouri

(Licensed Embalmer's Statement on Reverse Side)

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 John L. McNabb

Licensed Embalmer No. 4635

P. O. Address Republic, 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.