

ED OCT 6 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **32374**

BIRTH NO. 124 REG. DIST. NO. 206 PRIMARY REG. DIST. NO. 202 Registrar's No. 52

1. PLACE OF DEATH a. COUNTY <u>Madison</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Madison</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Fredericktown</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Fredericktown</u>	
c. LENGTH OF STAY (In this place) <u>67 yrs.</u>		d. STREET ADDRESS (If rural, give location) <u>312 No. Main</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>312 No. Main St.</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Birdie</u> b. (Middle) <u>Lee</u> c. (Last) <u>Boswell</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 24, 1953</u>		
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	
8. DATE OF BIRTH <u>Dec. 6, 1885</u>		9. AGE (In years last birthday) <u>67</u>		10. IF UNDER 1 YEAR Days <u>9</u> Hours <u>18</u> Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>		11. BIRTHPLACE (State or foreign country) <u>Madison County, Mo.</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>					

13a. FATHER'S NAME <u>Columbus Francis</u>		13b. MOTHER'S MAIDEN NAME <u>Minnie Kennedy</u>		14. NAME OF HUSBAND OR WIFE <u>Jesse Boswell</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mayo Kinne v</u> ADDRESS <u>Fredericktown, Mo.</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma uterus with generalized metastases</u>			INTERVAL BETWEEN ONSET AND DEATH <u>6 months</u>
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (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		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) <u>172X</u>	
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?	

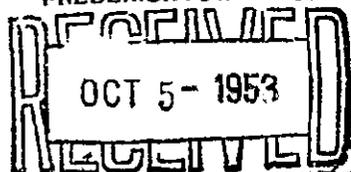
22. I hereby certify that I attended the deceased from 4/28, 1953, to 9/14, 1953, that I last saw the deceased alive on 9/14, 1953 and that death occurred at 9:45 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Mawm Grooman M.D.</u>		23b. ADDRESS <u>Fredericktown, Mo.</u>		23c. DATE SIGNED <u>9/26/53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>9/26/53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Christian Cemetery</u>	
				24d. LOCATION (City, town, or county) (State) <u>Fredericktown, Mo.</u>	

DATE REC'D BY LOCAL REG. <u>9-28-53</u>		REGISTRAR'S SIGNATURE <u>Larence Deeks</u> '87		25. FUNERAL DIRECTOR'S SIGNATURE <u>Najim Funeral Home</u> ADDRESS <u>Fredericktown, Mo.</u>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

MADISON COUNTY HEALTH DEPT.
FREDERICKTOWN, MO.



FILE No. 1053-22

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 _____

.....
working under my personal supervision.

Student Embalmer No.

Signed _____

Charles Mcarty

Signed.....

Student Embalmer

Licensed Embalmer No. 4852

P. O. Address Fredericktown, 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.