

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **42673**
Registrar's No. **259**

FILED DEC 21 1953

BIRTH NO. _____		REG. DIST. NO. 137		PRIMARY REG. DIST. NO. 5509		Registrar's No. 259	
1. PLACE OF DEATH a. COUNTY Henry				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Henry			
b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN Deer creek Township		c. LENGTH OF STAY (In this place) 88vrs		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Deer creek Township		d. STREET ADDRESS (If rural, give location) Clinton Rfd 6	
d. FULL NAME OF HOSPITAL OR INSTITUTION Clinton RFD 6				4. DATE OF DEATH (Month) (Day) (Year) Dec. 8, 1953			
3. NAME OF DECEASED (Type or Print) BOADICIA		a. (First) I		b. (Middle) BURCH		c. (Last)	
5. SEX female		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed		8. DATE OF BIRTH Sept. 4, 1863	
9. AGE (In years last birthday) 90		IF UNDER 1 YEAR Months 3 Days 4		IF UNDER 10 HRS. Hours Min. 		11. BIRTHPLACE (City and State or Foreign Country) MASCOUTH ILL.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10b. KIND OF BUSINESS OR INDUSTRY housewife		12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Alex A MILLER	
13b. MOTHER'S MAIDEN NAME Jane Gaskill		14. NAME OF HUSBAND OR WIFE deceased		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. no	
17. INFORMANT'S SIGNATURE OR NAME Bella Burch Clinton Mo.				ADDRESS			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypostatic Pneumonia		DUE TO (b) Cerebral Hemorrhage				3 days	
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		DUE TO (c) Hypertension				one week	
II. OTHER SIGNIFICANT CONDITIONS* (Conditions contributing to the death but not related to the disease or condition causing death.)						one year	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 331X				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 Oct 10, 1953 , to Dec 7, 1953 , that I last saw the deceased alive on Dec 7, 1953 , and that death occurred at 3:30 P.M. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) R. S. Hallenbrand M.D.				23b. ADDRESS Clinton Mo.		23c. DATE SIGNED 12/10/53	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE Dec 11, 1953		24c. NAME OF CEMETERY OR CREMATORY Drake Chapel		24d. LOCATION (City, town, or county) (State) Henry County Mo.	
DATE REC'D BY LOCAL REG. 12-11-53		REGISTRAR'S SIGNATURE Florence Adair		25. FUNERAL DIRECTOR'S SIGNATURE Wm. Wilkinson		ADDRESS Funeral Home	

(Licensed Embalmer's Statement on Reverse Side) **Clinton Mo.**

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

JAN 14 1955

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 Lee Schaberg

Licensed Embalmer No. 4513

P. O. Address Clinton 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.