

STANDARD CERTIFICATE OF DEATH

State File No. 5737

BIRTH NO. <u>FILED FEB 25 1954</u>		REG. DIST. NO. <u>290</u>	PRIMARY REG. DIST. NO. <u>4427</u>	Registrar's No. <u>24</u>
1. PLACE OF DEATH a. COUNTY <u>Pulaski</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Pulaski</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Waynesville</u>		c. LENGTH OF STAY (in this place) <u>36 days</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Waynesville General Hospital</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Waynesville</u> <u>0250</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>JOE</u>		b. (Middle) <u>HILARY</u>		c. (Last) <u>BOONE.</u>
4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 11, 1954</u>		5. SEX <u>male</u>		
6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>May 18, 1889</u>
9. AGE (In years last birthday) <u>64</u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>merchant</u>		10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and State or Foreign Country) <u>Owensbrough, Ky.</u>		12. CITIZEN OF WHAT COUNTRY? <u>yes AM.</u>		
13a. FATHER'S NAME <u>George Boone</u>		13b. MOTHER'S MAIDEN NAME <u>Viola Reeves</u>		14. NAME OF HUSBAND OR WIFE <u>Ella D. Boone</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>498-18-6906</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Ella D. Boone, Waynesville, Mo.</u> ADDRESS
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u>		INTERVAL BETWEEN ONSET AND DEATH <u>5 wks</u>
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <u>Hypertension; Myocardial</u>		
		DUE TO (c) <u>heart disease</u>		<u>?</u>
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 <u>2/10</u> , 19 <u>54</u> , to <u>2/14</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>2/14</u> , 19 <u>54</u> , and that death occurred at <u>6:00P.M.</u> , from the causes and on the date stated above.				
23a. SIGNATURE (Degree or title) <u>John A. Mihalovich D.D.</u>		23b. ADDRESS <u>Crocker, Mo.</u>		23c. DATE SIGNED <u>2/15/54</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>2-17-54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Likeston City</u>
24d. LOCATION (City, town, or county) (State) <u>Likeston, Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Orville Taylor</u> ADDRESS <u>Likeston, Mo.</u>		
DATE REC'D BY LOCAL REG. <u>2-15-54</u>		REGISTRAR'S SIGNATURE <u>4560</u>		

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

Date Filed 2-15-54
File Number
QUEST County Health Officer

RECEIVED 2-15-54

MAR 25 1954

MAR 1 1954

APR 12 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 *J. Edgar W. Miller*
Licensed Embalmer No. *4685*

P. O. Address *E. Prairie, Ill.*

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.