

FILED JUL 12 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **18386**
 BIRTH NO. _____ REG. DIST. NO. **82** PRIMARY REG. DIST. NO. **3017** Registrar's No. **58**

1. PLACE OF DEATH a. COUNTY Cooper			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Howard		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Boonville		c. LENGTH OF STAY (in this place) 9 Days.	c. CITY OR TOWN New Franklin		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Joseph Hospital.			e. STREET ADDRESS (If rural, give location) R.F.D. 0450		
3. NAME OF DECEASED (Type or Print) a. (First) James b. (Middle) William c. (Last) Boggs.			4. DATE OF DEATH (Month) (Day) (Year) July 6 1954		
5. SEX Male <input type="checkbox"/>	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married	8. DATE OF BIRTH November 29 1895		9. AGE (In years last birthday) 58 If UNDER 1 YEAR: Months _____ Days _____ If UNDER 10 RES. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Own farm	11. BIRTHPLACE (City and State or Foreign Country) Howard County, Missouri		12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME James William Boggs.		13b. MOTHER'S MAIDEN NAME Mollie D. Haines.		14. NAME OF HUSBAND OR WIFE -----	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO	16. SOCIAL SECURITY NO. -----	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Romie Boggs, New Franklin, 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) <u>Pulmonary infarct</u> ANTECEDENT CAUSES DUE TO (b) <u>Post operative</u> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) <u>Gastric Resection</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH ✓ 1 week
19a. DATE OF OPERATION 6-29-54	19b. MAJOR FINDINGS OF OPERATION Pyloric ulcer			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)		5400	
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 <u>5-26</u> , 19 <u>54</u> , to <u>7-6</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>7-6</u> , 19 <u>54</u> , and that death occurred at <u>11:00 P. m.</u> , from the causes and on the date stated above.					
23a. SIGNATURE <u>T. C. Beckett</u>		(Degree or title) <u>MD</u>		23b. ADDRESS <u>Boonville, Mo</u>	23c. DATE SIGNED <u>7-7-54</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE July 8 1954	24c. NAME OF CEMETERY OR CREMATORY Mt. Pleasant	24d. LOCATION (City, town, or county) (State) New Franklin, Mo.		
DATE REC'D BY LOCAL REG. <u>7/7/54</u>	REGISTRAR'S SIGNATURE <u>W. Hooper</u> 381		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Goodman & Boller, Boonville, Mo.</u>		

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300

10. 48

JUL 27 1954

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.....
Signature of Student Embalmer

Signed *A. F. Boller*.....

Licensed Embalmer No. *3062*.....

P. O. Address *Roanoke*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.