

FILED JUL 12 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

21822

State File No.

BIRTH NO. _____ REG. DIST. NO. 952 PRIMARY REG. DIST. NO. 4517 Registrar's No. 40

1. PLACE OF DEATH a. COUNTY <u>Taney</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MO</u> b. COUNTY <u>Taney</u>	
b. CITY OR TOWN <u>Branson</u>	c. LENGTH OF STAY (in this place)	c. CITY OR TOWN <u>Branson</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home</u>		e. STREET ADDRESS (If rural, give location) <u>West Pacific St. 1060</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Robert Marion</u> b. (Middle) <u>Boswell</u> c. (Last) <u>Boswell</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>6-27-54</u>		
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Aug. 19, 1873</u>	9. AGE (In years last birthday) <u>80</u>	IF UNDER 1 YEAR: Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work during most of working life, or if retired) <u>Retired Carpenter-Painter</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Furniture</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Franklin, MO</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>

13a. FATHER'S NAME <u>John B. Boswell</u>		13b. MOTHER'S MAIDEN NAME <u>Hanna E. Jennings</u>		14. NAME OF HUSBAND OR WIFE <u>Anna Boswell</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>no</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Anna Boswell</u> ADDRESS <u>no</u>	

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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis Generalized</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u> <u>Unknown</u>	
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19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>331 X</u>		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) m.		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 April 4, 1953, to 6-27, 1954, that I last saw the deceased alive on 6/27, 1954, and that death occurred at 4 A m., from the causes and on the date stated above.

23a. SIGNATURE <u>W.C. Magnus</u> (Degree or title) <u>M.D.</u>		23b. ADDRESS <u>Branson, MO</u>		23c. DATE SIGNED <u>7-3-54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Buried</u>		24b. DATE <u>June 30, 1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Grave Memorial Park, Branson, MO</u>	
24d. LOCATION (City, town, or county) (State) <u>Branson, MO</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>R.O. Whitchel</u>		ADDRESS <u>Branson, MO</u>	
DATE REC'D BY LOCAL REG. <u>7-6-54</u>		REGISTRAR'S SIGNATURE <u>S.E. Cogswell</u>		376	

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

1060

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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 *Minnie L. Wheeler*

Licensed Embalmer No. *227*

P. O. Address *Burnson*

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.