

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

26043

State File No. _____

FILED JUL 27 1954

BIRTH NO. _____ REG. DIST. NO. 360 PRIMARY REG. DIST. NO. 6225 Registrar's No. 96

1. PLACE OF DEATH a. COUNTY <u>Vernon</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Greene</u>		
b. CITY OR TOWN <u>Rural-Whitington Twp 2 mi SW</u>		c. LENGTH OF STAY (in this place) <u>2 yrs 8 mo</u>	c. CITY OR TOWN <u>Springfield</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> <u>0396</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>State Hospital #3, Nevada</u>			e. STREET ADDRESS (If rural, give location)		
3. NAME OF DECEASED (Type or Print) a. (First) <u>John</u> b. (Middle) <u>Ralph</u> c. (Last) <u>Boon</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>July 8 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>Dec 13 - 1881</u>	9. AGE (In years last birthday) <u>72</u>	IF UNDER 1 YEAR: Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None given</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Brussels Belgium</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>Isadore Boon</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Flanagan</u>		14. NAME OF HUSBAND OR WIFE <u>Mr Bess Boon</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Unknown</u>	16. SOCIAL SECURITY NO. <u>443-09-5194A</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mr Bess Boon</u> ADDRESS <u>Springfield Mo</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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>General Arteriosclerosis</u> ANTECEDENT CAUSES DUE TO (b) <u>Senility</u> DUE TO (c) <u>Excessive heat</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>4500 F</u>				INTERVAL BETWEEN ONSET AND DEATH <u>2 wk.</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) 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 <u>7/8</u> , 19 <u>54</u> , to <u>7/8</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>7/8</u> , 19 <u>54</u> , and that death occurred at <u>8 P.</u> m., from the causes and on the date stated above.					
23a. SIGNATURE <u>George M. Bosteler M.D.</u> (Degree or title)		23b. ADDRESS <u>State Hospital #3, Nevada</u>		23c. DATE SIGNED <u>7/8/54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <u>July 9, 1954</u>	24c. NAME OF CEMETERY OR CREMATOR <u>Nezelschlag Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Springfield - MO</u>		
DATE REC'D BY LOCAL REG. <u>7-20-54</u>	REGISTRAR'S SIGNATURE <u>Anna E. Ferry</u> 451		25. FUNERAL DIRECTOR'S SIGNATURE <u>Herman D. Schmeyer</u> ADDRESS <u>Springfield MO</u>		

(Licensed Embalmer's Statement on Reverse Side)

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

6.300
0.48
80
2

1956

JUL 27 1956

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 *J. L. Butler*

Licensed Embalmer No. 466

P. O. Address Nevada, N.M.

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.