

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

28258

State File No. ....

BIRTH NO. 54379-54 REG. DIST. NO. 209 PRIMARY REG. DIST. NO. 3043 Registrar's No. 254

|   |  |  |   |   |  |  |                   |                  |
|---|--|--|---|---|--|--|-------------------|------------------|
| 1. PLACE OF DEATH<br>a. COUNTY<br><u>Marion</u>   |  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: see cause before admission)<br>a. STATE<br><u>Missouri</u> b. COUNTY<br><u>Marion</u> |   |  |  |                   |                  |
| b. CITY (If outside corporate limits, write RURAL and give township)<br>OR<br>TOWN<br><u>Hannibal</u>   |  | c. LENGTH OF STAY (In this place)  | c. CITY OR TOWN<br><u>Hannibal</u>  |   | d. Is Residence within limits of a city or incorporated town?<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |  |                   |                  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION<br><u>Levering Hospital</u>   |  |  | e. STREET ADDRESS (If rural, give location)<br><u>223 N. 6th St.,</u> <u>0647</u><br><u>0</u>   |   |  |  |                   |                  |
| 3. NAME OF DECEASED<br>(Type or Print)<br>a. (First)<br><u>Carol Louise</u> b. (Middle)<br><u>Bost</u> c. (Last)  |  |  | 4. DATE OF DEATH<br>(Month) (Day) (Year)<br><u>8-6-1954</u>   |   |  |  |                   |                  |
| 5. SEX<br><u>Female</u>   | 6. COLOR OR RACE<br><u>White</u>   | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)<br><u>Never</u>                                 | 8. DATE OF BIRTH<br><u>8/4/1954</u>   | 9. AGE (In years last birthday)<br><u>2</u>   | IF UNDER 1 YEAR<br>Months<br><u>2</u>  | IF UNDER 24 HRS.<br>Days<br><u>2</u>       | Hours<br><u>2</u> | Min.<br><u>0</u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)   |  | 10b. KIND OF BUSINESS OR INDUSTRY  |   | 11. BIRTHPLACE (City and State or Foreign Country)<br><u>Hannibal</u>                           |  | 12. CITIZEN OF WHAT COUNTRY?<br><u>USA</u> |                   |                  |
| 13a. FATHER'S NAME<br><u>Harry Bost</u>   |  |  | 13b. MOTHER'S MAIDEN NAME<br><u>Theresa Minor</u>   |   | 14. NAME OF HUSBAND OR WIFE<br>-----   |  |                   |                  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><u>NO</u>   |  | 16. SOCIAL SECURITY NO.  |   | 17. INFORMANT'S SIGNATURE OR NAME<br><u>Harry J. Bost</u> ADDRESS<br><u>223 N. 6th St.,</u>     |  |  |                   |                  |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>* 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<br>Hannibal, Mo.<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Intrauterine hemorrhage</u><br><br>ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <u>Prolonged labor</u><br>DUE TO (c) <u>Abruptio placentae</u><br><br>II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death. |  |   |   | INTERVAL BETWEEN ONSET AND DEATH<br><u>2</u><br><u>2</u>   |  |                   |                  |
| 19a. DATE OF OPERATION  | 19b. MAJOR FINDINGS OF OPERATION<br><u>7600</u>  |  |   |   | 20. AUTOPSY?<br>YES <input checked="" type="checkbox"/> NO <input 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 <u>8-4-1954</u> , to <u>8-6-1954</u> , that I last saw the deceased alive on <u>8-6-1954</u> , and that death occurred at <u>3:20 A.M.</u> , from the causes and on the date stated above. |  |  |   |   |  |  |                   |                  |
| 23a. SIGNATURE<br><u>James R. Brown, M.D.</u> (Degree or title)   |  |  | 23b. ADDRESS<br><u>Hannibal, Missouri</u>   |   | 23c. DATE SIGNED<br><u>8-20-54</u>   |  |                   |                  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>Burial</u>  | 24b. DATE<br><u>8/6/54</u>   | 24c. NAME OF CEMETERY OR CREMATORY<br><u>Grand View Burial Pk.</u>                                     |   | 24d. LOCATION (City, town, or county) (State)<br><u>Hannibal, Mo.</u>                           |  |  |                   |                  |
| DATE REC'D BY LOCAL REG.<br><u>8/23/54</u>  | REGISTRAR'S SIGNATURE<br><u>Dr. C. M. L. ...</u> <u>189-0</u>  |  |   | 25. FUNERAL DIRECTOR'S SIGNATURE<br><u>Michael J. O'Connell</u> ADDRESS<br><u>Hannibal, Mo.</u> |  |  |                   |                  |

(Licensed Embalmer's Statement on Reverse Side)

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

AUG 26 1954

RECEIVED

MARION CO. HEALTH DEPT.

DATE FILED AUG 26 1954

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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 *Michael J. O'Connell*.....

Licensed Embalmer No. *2288*

P. O. Address *Hennipal*.....

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.