

FILED FEB 1 - 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **3719**

BIRTH NO. _____		REG. DIST. NO. <b>372</b>		PRIMARY REG. DIST. NO. <b>6269</b>		Registrar's No. <b>9</b>					
1. PLACE OF DEATH a. COUNTY <b>Webster</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Mo</b> b. COUNTY <b>Laclese</b>							
b. CITY (If outside corporate limits, write RURAL and give town) <b>Rural - Zado</b>		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN <b>Lebanon</b>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>					
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street and number) <b>Marshfield</b> <b>H. W. 66 1 Mi. East</b>				STREET ADDRESS (If rural, give location) <b>960 So. Jefferson</b> <b>0532</b>							
3. NAME OF DECEASED (Type or Print) a. (First) <b>James</b>			b. (Middle) <b>Edward</b>			c. (Last) <b>Boswell</b>					
4. DATE OF DEATH (Month) (Day) (Year) <b>Jan. 18 1955</b>			5. SEX <b>M</b>		6. COLOR OR RACE <b>W</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Single</b>				
8. DATE OF BIRTH <b>Aug. 1 1937</b>			9. AGE (In years last birthday) <b>17</b>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 24 HRS. Hours _____ Min. _____				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Student</b>			10b. KIND OF BUSINESS OR INDUSTRY			11. BIRTHPLACE (City and State or Foreign Country) <b>Springfield Mo. 0</b>		12. CITIZEN OF WHAT COUNTRY?			
13a. FATHER'S NAME <b>J. E. Boswell</b>			13b. MOTHER'S MAIDEN NAME <b>Lois Kamerer</b>			14. NAME OF HUSBAND OR WIFE					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>			16. SOCIAL SECURITY NO.			17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>J. E. Boswell Lebanon Mo.</b>					
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.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Fractured skull - internal</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>injuries</b> DUE TO (c) <b>Car and truck accident</b>  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH			
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) <b>accident</b>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Highway 66</b>		21c. (CITY, TOWN, OR TOWNSHIP) <b>114</b> (COUNTY) <b>Webster</b> (STATE) <b>Mo</b>		21f. HOW DID INJURY OCCUR?					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>Jan 17 1955 7pm</b>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>									
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <b>7:00P</b> m., from the causes and on the date stated above.											
23a. SIGNATURE (Degree or title) <b>H. K. Kelly coroner</b>				23b. ADDRESS <b>Fondland Mo</b>		23c. DATE SIGNED <b>Jan 20 - 55</b>					
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>Jan. 20 1955</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Lebanon</b>		24d. LOCATION (City, town, or county) (State) <b>Lebanon Mo.</b>					
DATE REC'D BY LOCAL REG. <b>1-24-55</b>		REGISTRAR'S SIGNATURE <b>[Signature]</b> <b>392-D</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>[Signature] Lebanon Mo</b>							

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300  
10.4820  
3

APR 22 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.....  
Signature of Student Embalmer

Signed..... *Allyn D. Hooker* .....

Licensed Embalmer No. *433*

P. O. Address *Lebanon*

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.

*ma*