

FILED MAR 21 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **7197**

BIRTH NO. _____		REG. DIST. NO. 15		PRIMARY REG. DIST. NO. 3004		Registrar's No. 22			
1. PLACE OF DEATH a. COUNTY Barton				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Barton					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Lamar		c. LENGTH OF STAY (In this place) 28 Days		c. CITY OR TOWN Lamar		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 (If not in hospital or institution, give street address or location) Memorial Hospital				e. STREET ADDRESS (If rural, give location) Commercial Hotel					
3. NAME OF DECEASED (Type or Print) a. (First) IRA			b. (Middle) WALLACE		c. (Last) BOSS		4. DATE OF DEATH (Month) (Day) (Year) Mar 18 1955		
5. SEX M		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH Mar 1 1871		9. AGE (In years last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 84 Months 0 Days 17 Hours Min. 	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired- Postal Clerk			10b. KIND OF BUSINESS OR INDUSTRY Lamar Post Office		11. BIRTHPLACE (City and State or Foreign Country) Lamar, Missouri			12. CITIZEN OF WHAT COUNTRY? U. S.	
13a. FATHER'S NAME Fredrick L. Boss			13b. MOTHER'S MAIDEN NAME Talitha Joyce			14. NAME OF HUSBAND OR WIFE Emma M. McEnterfer			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) XXX		17. INFORMANT'S SIGNATURE OR NAME Harry N. Boss, Lamar, Missouri		ADDRESS Lamar, Missouri			
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) Morbidity of Bladder				INTERVAL BETWEEN ONSET AND DEATH 4 weeks	
				ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____					
				II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 181X				20. AUTOPSY? YES <input 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.) LAMAR Bank		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Lamar Bank Mo					
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 5-1 , 19 52 , to 5-18 , 19 52 , that I last saw the deceased alive on 3-18 , 19 52 , and that death occurred at 7:00a m., from the causes and on the date stated above.									
23a. SIGNATURE H. A. Guldner (Degree or title) M.D.				23b. ADDRESS LAMAR		23c. DATE SIGNED 5-11-52			
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE 3-21-1955		24c. NAME OF CEMETERY OR CREMATORY Lake		24d. LOCATION (City, town, or county) (State) Lamar, Missouri			
DATE REC'D BY LOCAL REG. 3-19-1955		REGISTRAR'S SIGNATURE Marie Konantz		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Konantz Funeral Home, Lamar, Missouri					

(Licensed Embalmer) Statement on Reverse Side

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

300
48

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 *Norman L. Thompson*.....

Licensed Embalmer No. *48*.....

P. O. Address *Lamar*.....

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.