

No. 300  
10.48

FILED MAR 31 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

9378

State File No. ....

318

1003

2372

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Illinois</b> , b. COUNTY <b>Jersey</b>			
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <b>St. Louis, Mo.</b> )		c. LENGTH OF STAY (in this place) _____		c. CITY OR TOWN <b>Jerseyville</b>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Barnes Hospital</b>				STREET ADDRESS (If rural, give location) <b>518 So. State St.</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>Claude</b>		b. (Middle) <b>Maxwell</b>		c. (Last) <b>Boren</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Mar. 14, 1955</b>	
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>		8. DATE OF BIRTH <b>Feb. 20, 1868</b>	
9. AGE (In years last birthday) <b>87</b>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 4 HRS. Hours _____ Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Telephone Co.</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Wheelersburg, Ohio</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>John Boren</b>		13b. MOTHER'S MAIDEN NAME <b>Unknown</b>		14. NAME OF HUSBAND OR WIFE <b>Minnie Boren</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No.</b>		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <b>Nil.</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Edna Frost</b>		ADDRESS <b>7750 Balsom</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, ashenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary artery atherosclerosis</b>		MEDICAL CERTIFICATION <b>University City, Mo.</b>		INTERVAL BETWEEN ONSET AND DEATH _____	
ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i>		DUE TO (b) <b>Chronic disease</b>		DUE TO (c) <b>suffered when deceased was burned while smoking</b>			
II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>		in bed at home, in Jerseyville, Ill.,		on Mar 13, 1955 about 6:30 a.m.			
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		<b>E9160</b>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>ACCIDENT</b>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) <b>16</b> (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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <b>11:18</b> m., from the causes and on the date stated above.							
23a. SIGNATURE <b>Patrick J. Taylor Caravel</b> (Degree or title) _____				23b. ADDRESS <b>1300 Clark</b>		23c. DATE SIGNED <b>3.15.55.</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>3-15-55</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Woodland Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Ironton, Ohio</b>	
DATE REC'D BY LOCAL REG. <b>MAR 15 1955</b>		REGISTRAR'S SIGNATURE <b>Charles Smith, M.D.</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Jacoby Funerals Home, Jerseyville, Ill</b>			

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

Oct 3, 1955 JF

DEC 30 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 *Robert M. Murray*.....

Licensed Embalmer No. *37491*.....

P. O. Address *St. Louis*.....

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.