

No. 300  
10.48

FILED JUL 13 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 19324

BIRTH NO. _____		REG. DIST. NO. 181		PRIMARY REG. DIST. NO. 5678		Registrar's No. 24			
1. PLACE OF DEATH a. COUNTY <u>Pike Lincoln</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MO.</u> COUNTY <u>LINCOLN</u>					
b. CITY (If outside corporate limits, write RURAL and give township) <u>Lansville</u>		c. LENGTH OF STAY (In this place)		c. CITY OR TOWN <u>Lansville</u>		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 <u>Home</u>				e. STREET ADDRESS (If rural, give location) <u>0570</u>					
3. NAME OF DECEASED a. (First) <u>SAMUEL</u> b. (Middle) <u>ROBERT</u> c. (Last) <u>BOX</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>June 17 1955</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>Feb 9 1892</u>			
9. AGE (In years last birthday) <u>63</u>		10. MONTHS <u>4</u> DAYS <u>14</u>		9. AGE (In years last birthday) <u>93</u>		10. MONTHS <u>4</u> DAYS <u>14</u>			
10a. USUAL OCCUPATION (Give kind of work done during major of working life, even if retired) <u>Electrician</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>Lincoln Co Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>			
13a. FATHER'S NAME <u>John Box</u>		13b. MOTHER'S MAIDEN NAME <u>Eldon Henry</u>		14. NAME OF HUSBAND OR WIFE <u>Ruth C Box</u>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>yes</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Ruth C. Box</u> ADDRESS <u>Cyrus Rt 1</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.				MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Insufficiency</u>				DUPLICATE					
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUPLICATE				DUPLICATE					
DUPLICATE				DUPLICATE					
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				DUPLICATE					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4-3-3</u>				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)		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 <u>6-17</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>6-17</u> , 19 <u>55</u> ; and that death occurred at <u>4:55</u> p.m., from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>Leonard L. Beerhill, D.O.</u>				23b. ADDRESS <u>Bowling Green</u>		23c. DATE SIGNED <u>6-25-55</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>June 19, 1955</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Lansville</u>		24d. LOCATION (City, town, or county) (State) <u>Lansville MO</u>			
DATE REC'D BY LOCAL REG. <u>7/11/55</u>		REGISTRAR'S SIGNATURE <u>Mrs. Clement Lentz</u>		FUNERAL DIRECTOR'S SIGNATURE <u>Grace Danford</u>		ADDRESS <u>Bowling Green Mo.</u>			

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

(Licensed Embellisher) Statement on Reverse Side

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..... *Harold C. King*

Licensed Embalmer No... *45*

P. O. Address *Bowling*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (If 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.