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FILED AUG 2 - 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

23500  
State File No. ....  
318  
PRIMARY REG. DIST. NO. 1003 Registrar's No. ....  
5341

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. ....	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Arkansas</u> b. COUNTY _____			
b. CITY (If outside corporate limits write RURAL and give town) <u>St. Louis</u>		c. LENGTH OF STAY (in this place) _____		c. CITY OR TOWN <u>Little Rock</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/> <u>30</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) <u>St. Mary's Infirmary</u>				e. STREET ADDRESS (If rural, give location) <u>1008 Victory</u> <u>803 S</u>			
3. NAME OF DECEASED a. (First) <u>Blanche</u> b. (Middle) _____ c. (Last) <u>Boone</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>June 18, 1955</u>				
5. SEX <u>F</u>	6. COLOR OR RACE <u>Negro</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>May 4, 1876</u>		9. AGE (in years last birthday) <u>79</u>	If UNDER 1 YEAR Days _____	If UNDER 4 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Crownville County, So. Carolina</u>		12. CITIZEN OF WHAT COUNTRY? _____		
13a. FATHER'S NAME <u>W. N. Calderin</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown</u>		14. NAME OF HUSBAND OR WIFE <u>William H. Boone</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, specify) <u>No</u>		16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME <u>William H. Boone</u> ADDRESS _____				
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Atelectasis of Lungs;</u> <u>Anesthesia (ether) during operation for intestinal obstruction at St. Mary's Infirmary, on June 18, 1955</u> DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Injury, on June 18, 1955</u> Conditions contributing to the death but not related to the disease or condition causing death. <u>Accident 10:50 pm.</u>					INTERVAL BETWEEN ONSET AND DEATH _____
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>Accident</u>			20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		
21a. ACCIDENT (Specify) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Shop</u>		21c. (CITY, TOWN, OR TOWNSHIP) <u>St. Louis Mo.</u> (COUNTY) <u>Old</u> (STATE) <u>5705</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) <u>June 18 55 10 p.m.</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>E 571</u>			
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 _____, 19____, from the causes and on the date stated above.							
23a. SIGNATURE <u>Saturn P. Taylor</u> (Degree or title) <u>Coroner</u>			23b. ADDRESS <u>1300 Clark</u>			23c. DATE SIGNED <u>6.20.55</u>	
24a. BURIAL - CREMATION - REMOVAL (Specify) <u>Shop</u>		24b. DATE <u>June 21, 1955</u>	24c. NAME OF CEMETERY OR CREMATORY _____		24d. LOCATION (City, town, or county) (State) <u>Little Rock, Arkansas</u>		
DATE RECD BY LOCAL REG. <u>JUN 20 1955</u>		REGISTRAR'S SIGNATURE <u>Carl Smith M.D.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>E. B. Looney</u> ADDRESS <u>1221 N. Grand</u>			

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

(Licensed Embalmer's 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.....  
*Gupton Swan*

Licensed Embalmer No. 45

P. O. Address 1221<sup>st</sup> Ave

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.