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FILED APR 24 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 13916

BIRTH NO. _____ REG. DIST. NO. 181 PRIMARY REG. DIST. NO. 4293 Registrar's No. 7

1. PLACE OF DEATH
a. COUNTY: LINCOLN
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Elsberry
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): S. Sixth St.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: LINCOLN
c. CITY OR TOWN: ELSBERRY
d. Is Residence within limits of a city of incorporated town? Yes ☑ No ☐
e. STREET ADDRESS (If rural, give location): S. SIXTH ST.

3. NAME OF DECEASED (Type or Print)
a. (First): BERTHA
b. (Middle): MAE
c. (Last): BOONE

4. DATE OF DEATH (Month) (Day) (Year): MARCH 25, 1956

5. SEX: female
6. COLOR OR RACE: Negro
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify):
8. DATE OF BIRTH: OCT. 11, 1889
9. AGE (In years last birthday): 66 — 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): DOMESTIC
10b. KIND OF BUSINESS OR INDUSTRY: house work
11. BIRTHPLACE (City and State or Foreign Country): ELSBERRY, Mo
12. CITIZEN OF WHAT COUNTRY?: USA
13a. FATHER'S NAME: JOHN JOHNSON
13b. MOTHER'S MAIDEN NAME: Queen Blanton
14. NAME OF HUSBAND OR WIFE: ERNEST BOONE
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 494-01-7267
17. INFORMANT'S SIGNATURE OR NAME: Ernest Boone — **ADDRESS**: Elsberry, Mo

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CHRONIC MYOCARDITIS — INTERVAL BETWEEN ONSET AND DEATH: 2 mo

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) ESSENTIAL HYPERTENSION — 4 YRS
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: 443x
20. AUTOPSY? YES ☐ NO ☑

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) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* JAN, 1956, *to* MAR 25, 1956, *that I last saw the deceased alive on* MAR 22, 1956, *and that death occurred at* 12 AM *m., from the causes and on the date stated above.*

23a. SIGNATURE: [signature] (Degree or title): M.D.
23b. ADDRESS: Elsberry, Mo
23c. DATE SIGNED: 3/28/86

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: 3-29-56
24c. NAME OF CEMETERY OR CREMATORY: Elsberry City
24d. LOCATION (City, town, or county) (State): Elsberry, Mo.

DATE REC'D BY LOCAL REG.: 4/23/56
REGISTRAR'S SIGNATURE: Mrs Clarence Kiertz
25. FUNERAL DIRECTOR'S SIGNATURE: [signature] **ADDRESS**: Elsberry, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

VS JUL 12 1960

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No. 401

P. O. Address Elsberry

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