

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

19293

State File No. _____

FILED JUN 15 1956

BIRTH NO. _____ REG. DIST. NO. 333 PRIMARY REG. DIST. NO. 4400 Registrar's No. 93

1. PLACE OF DEATH a. COUNTY <i>Scott</i>		2. USUAL RESIDENCE (Where deceased lived. A institution: residence before admission.) a. STATE <i>Mo.</i> b. COUNTY <i>Scott</i>	
b. CITY OR TOWN <i>Blodgett, Mo.</i>	c. LENGTH OF STAY (in this place) <i>4 3/4 yrs</i>	c. CITY OR TOWN <i>Blodgett, Mo.</i>	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 <i>Gen. Del.</i>		f. STREET ADDRESS (If rural, give location) <i>1000</i>	

3. NAME OF DECEASED (Type or Print) <i>JOHN</i>	a. (First)	b. (Middle) <i>C.</i>	c. (Last) <i>BOSTON</i>	4. DATE OF DEATH <i>May 25, 1956</i>
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5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	8. DATE OF BIRTH <i>Jan. 17, 1875</i>	9. AGE (In years if under 1 year; last birthday) <i>81</i>
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10. USUAL OCCUPATION (Give kind of work or occupation in the mode of working life, even if retired) <i>Retired Farmer</i>	10b. KIND OF BUSINESS OR INDUSTRY <i>Farmer</i>	11. BIRTHPLACE (City and State or Foreign Country) <i>Hollow Rock Tenn.</i>	12. CITIZEN OF WHAT COUNTRY <i>U.S.A.</i>
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13a. FATHER'S NAME <i>Unknown</i>	13b. MOTHER'S MAIDEN NAME <i>Unknown</i>	14. NAME OF HUSBAND OR WIFE <i>Nettie Boston Blodgett, Mo.</i>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No, or unknown) <i>No.</i>	16. SOCIAL SECURITY NO. <i>none</i>	17. INFORMANT'S SIGNATURE OR NAME <i>Nettie Boston Blodgett, Mo.</i>	ADDRESS
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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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Arteriosclerotic Cardiovascular disease</i>		
	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	20. AUTOPSY? <i>4221</i> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from *May 11, 1956*, to *May 11, 1956*, that I last saw the deceased alive on *May 11, 1956*, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <i>Edwin Sargent MD</i>	23b. ADDRESS <i>Sikeston MO</i>	23c. DATE SIGNED <i>6/1/56</i>
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24a. BURIAL, CREMATION, OR REMOVAL (Specify) <i>Burial</i>	24b. DATE <i>5-27-56</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Dogwood</i>	24d. LOCATION (City, town, or county) (State) <i>Missouri Co. Mo.</i>
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DATE REC'D BY LOCAL REG. <i>6-6-56</i>	REGISTRAR'S SIGNATURE <i>Mr. Oscar Hunter</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>Harold Shelby</i>	ADDRESS <i>East Prairie, Mo.</i>
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(Licensed Embalmer's Statement on Reverse Side)

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

This man was not under my care - I saw him only once in last 2 years. *A. B. Barger*

DATE RECEIVED **JUN 11 1956**

SCOTT CO. HEALTH DEPT.

CC. FILE No. 656-128

JUN 15 1956

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 *Travis Shelby Jr.*

Licensed Embalmer No. 494

P. O. Address East P. Ia

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.