

FILED JUL 10 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **22497**

BIRTH NO. _____ REG. DIST. NO. **326** PRIMARY REG. DIST. NO. **6102** Registrar's No. **72**

0920

1. PLACE OF DEATH a. COUNTY Scotland		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Knox	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Memphis Jefferson Hosp		c. CITY OR TOWN Edina,	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) 5 years		e. STREET ADDRESS (If rural, give location) 0520	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) a. (First) Charles b. (Middle) Howard c. (Last) Boone			4. DATE OF DEATH (Month) (Day) (Year) July 3, 1956		
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Sept 7, 1860	9. AGE (In years last birthday) 90	IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of each year, or if retired)		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) Knox Co. Missouri	12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13a. FATHER'S NAME Frank Boone		13b. MOTHER'S MAIDEN NAME Nancy Copers	14. NAME OF HUSBAND OR WIFE Lydia Boone		

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) No	16. SOCIAL SECURITY NO. no	17. INFORMANT'S SIGNATURE OR NAME Mrs. Russell Campbell, ADDRESS Memphis, Mo.	
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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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Arteriosclerosis		INTERVAL BETWEEN ONSET AND DEATH 1953 to 1956
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hepatitis		1956
	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? 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 **June**, 19**56**, to **July 3**, 19**56**, that I last saw the deceased alive on **July 2**, 19**56**, and that death occurred at **7:00 P.** m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) E. E. Symmon & S. L. O.	23b. ADDRESS Memphis Mo	23c. DATE SIGNED 7/6/56
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24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE July 6, 1956	24c. NAME OF CEMETERY OR CREMATORY Linville	24d. LOCATION (City, town, or county) (State) Edina, Missouri
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DATE REC'D BY LOCAL REG. 7/9/56	REGISTRAR'S SIGNATURE Vera E. Purmer	25. FUNERAL DIRECTOR'S SIGNATURE Gerth Basket	ADDRESS Memphis
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WRITE PLAINLY--USING UNFADING BLACK INK--MAKE A PERMANENT RECORD

4760

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 *Fred Gerth*

Licensed Embalmer No. *428*

P. O. Address *Memphis*

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.