

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **24725**
Registrar's No. **627**

FILED JUL 23 1956

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| BIRTH NO. | | REG. DIST. NO. 301 | | PRIMARY REG. DIST. NO. 6032 | | Registrar's No. 627 | |
| 1. PLACE OF DEATH a. COUNTY Ripley | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Ripley | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) Rural | | c. LENGTH OF STAY (in this place) minutes | | c. CITY OR TOWN Rural | | d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION Hiway #21 N. Doniphan | | | | f. STREET ADDRESS (If rural, give location) Doniphan Rt. # 2 | | | |
| 3. NAME OF DECEASED (Type or Print) CARTER | | a. (First) FRANKLIN | | c. (Last) BOSHEARS | | 4. DATE OF DEATH June 16, 1956 (Month) (Day) (Year) | |
| 5. SEX male | | 6. COLOR OR RACE white | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) never married | | 8. DATE OF BIRTH Nov. 24, 1915 | |
| 9. AGE (In years last birthday) 40 | | 10. MONTHS 6 | | 11. DAYS 22 | | 12. IF UNDER 1 YEAR IF UNDER 24 HRS. Hours Min. | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) forestry service | | 10b. KIND OF BUSINESS OR INDUSTRY Timber | | 11. BIRTHPLACE (City and State or Foreign Country) Ripley County, Missouri | | 12. CITIZEN OF WHAT COUNTRY? USA | |
| 13a. FATHER'S NAME Arch Boshears | | 13b. MOTHER'S MAIDEN NAME Elizabeth Boshears | | 14. NAME OF HUSBAND OR WIFE never married | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or date of service) Yes W. War II | | 16. SOCIAL SECURITY NO. W. War II | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Jack Boshears Doniphan, 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, asphyxia, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Skull fracture + lacerations ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. auto accident DUE TO (b) 10 minutes DUE TO (c) 10 minutes II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | | INTERVAL BETWEEN ONSET AND 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) ACCIDENT | | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, etc.) HIGHWAY #21 | | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Ripley County - Missouri | | | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) June 16 - 1956 5:00 | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? AUTO ACCIDENT | | | |
| 22. I hereby certify that I attended the deceased from June 16, 1956 , to June 16, 1956 that I last saw the deceased alive on 6/16 , 1956, and that death occurred at 5:15 PM from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE Frank C. Johnson M.D. | | (Degree or title) | | 23b. ADDRESS Doniphan Mo | | 23c. DATE SIGNED 6/19/56 | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL | | 24b. DATE 6/18/1956 | | 24c. NAME OF CEMETERY OR CREMATORY Oak Grove Cemetery | | 24d. LOCATION (City, town, or county) (State) Ripley Co., Mo. | |
| DATE REC'D BY LOCAL REG. 6-25-56 | | REGISTRAR'S SIGNATURE W. J. Johnston | | 25. FUNERAL DIRECTOR'S SIGNATURE Edwards Funeral Home | | ADDRESS Doniphan | |

(Licensed Embalmer's Statement on Reverse Side)

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

JUL 24 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

Licensed Embalmer No. 4809

P. O. Address Doniphan

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.