

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **36703**BIRTH NO. _____ REG. DIST. NO. **325** PRIMARY REG. DIST. NO. **6099** Registrar's No. **21**

1. PLACE OF DEATH a. COUNTY Schuyler		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo b. COUNTY Schuyler	
b. CITY (If outside corporate limits, write RURAL and give township) Rural (Jintown)		c. CITY OR TOWN	d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☒ 90
d. FULL NAME OF HOSPITAL OR INSTITUTION Prattville, S.		e. STREET ADDRESS (If rural, give location) Jintown, Prattville, S.	

3. NAME OF DECEASED (Type or Print) a. (First) George b. (Middle) Clarence c. (Last) Boeggs		4. DATE OF DEATH (Month) (Day) (Year) OCT 17 1956	
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER-MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH MAR 30 1885
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) 71 Months 6 Days 3 Hours Min.
11a. FATHER'S NAME George Washington Boeggs		11b. MOTHER'S MAIDEN NAME Artie Mariah Barnhart	11c. NAME OF HUSBAND OR WIFE Ruby Boeggs
12. CITIZEN OF WHAT COUNTRY? USA.		13. BIRTHPLACE (City and State or Foreign Country) Schuyler Jintown, Mo	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) ☒	16. SOCIAL SECURITY NO. —	17. INFORMANT'S SIGNATURE OR NAME Ruby Boeggs	18. ADDRESS Jintown, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Heart Attack ANTECEDENT CAUSES Morbidity 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.		INTERVAL BETWEEN ONSET AND DEATH
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19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	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) (Min.)	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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) P. O. Fenton, Coroner		23b. ADDRESS Lancaster, Mo		23c. DATE SIGNED 10/2/56
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE OCT 6	24c. NAME OF CEMETERY OR CREMATORY Jintown	24d. LOCATION (City, town, or county) (State) Schuyler, Mo	
DATE RECEIVED BY LOCAL REG Oct. 6, 1956		REGISTRAR'S SIGNATURE W. H. Drake		25. FUNERAL DIRECTOR'S SIGNATURE Morehead-Norman ADDRESS Lancaster, Mo

(Licensed Embalmer's Statement on Reverse Side)

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

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.....

Dora E. Foster

Licensed Embalmer No. *474*

P. O. Address *Lipkerville*

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.