

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. **36704**

FILED OCT 23 1956

BIRTH NO. _____		REG. DIST. NO. 325		PRIMARY REG. DIST. NO. 6099		Registrar's No. 23	
1. PLACE OF DEATH a. COUNTY Schuyler				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE Missouri b. COUNTY Schuyler			
b. CITY OR TOWN Rural Prairie		c. LENGTH OF STAY (in this place) 11 yrs		c. CITY OR TOWN Queen City		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 5 miles west of Queen City				e. STREET ADDRESS (If rural, give location) 5 miles west of Queen City			
3. NAME OF DECEASED (Type or Print) Sarah Ellen Boggs		a. (First) Sarah b. (Middle) Ellen c. (Last) Boggs		4. DATE OF DEATH (Month) (Day) (Year) Oct 11 56			
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH May 25, 1875	
9. AGE (In years last birthday) 81		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) Schuyler County, Mo.	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME William Blankenship		13b. MOTHER'S MAIDEN NAME Sarah Ellen Ray		14. NAME OF HUSBAND OR WIFE Joseph L. Boggs	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME Vallie Boggs ADDRESS Queen City			
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 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Failure ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cardiac decompensation DUE TO (c) Dysrhythmia 2. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Cataracts - both eyes				INTERVAL BETWEEN ONSET AND DEATH 2 weeks 2 years 10 years 8 years	
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) _____ m. _____	
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 7/25 , 19 54 , to 10/11 , 19 56 , that I last saw the deceased alive on 10/11 , 19 56 , and that death occurred at 10:00 A m., from the causes and on the date stated above.							
23a. SIGNATURE Edward M. Roberts, M.D. (Type or Print)				23b. ADDRESS Queen City, Mo.		23c. DATE SIGNED 10/17/56	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 10-13-56		24c. NAME OF CEMETERY OR CREMATORY First Baptist Cemetery		24d. LOCATION (City, town, or county) (State) West of Queen City Mo.	
DATE REC'D BY LOCAL REG. Oct 20, 56		REGISTRAR'S SIGNATURE Mrs. A. H. Drake		25. FUNERAL DIRECTOR'S SIGNATURE Volney James Stone		ADDRESS Queen City, Mo.	

(Licensed Embalmer's Statement on Reverse Side)

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

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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. 4619

P. O. Address.....

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.