

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **40513**

FILED JAN 8 1957

BIRTH NO. _____		REG. DIST. NO. 27		PRIMARY REG. DIST. NO. 3086		Registrar's No. 175			
1. PLACE OF DEATH a. COUNTY Bates				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri				b. COUNTY Bates	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural - Homer		c. LENGTH OF STAY (in this place) 6 months		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Amoret		d. STREET ADDRESS (If rural, give location) None			
d. FULL NAME OF HOSPITAL OR INSTITUTION 1/2 North of Amoret, Mo.								0070	
3. NAME OF DECEASED (Type or Print) a. (First) Lucina			b. (Middle) Jane		c. (Last) Boots		4. DATE OF DEATH (Month) (Day) (Year) 12-28-56		
5. SEX Fe		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed		8. DATE OF BIRTH 11-22-1874		9. AGE (In years last birthday) 82	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Homemaker		11. BIRTHPLACE (State or foreign country) Worland, Missouri			12. CITIZEN OF WHAT COUNTRY? USA		
13a. FATHER'S NAME Joseph Hess			13b. MOTHER'S MAIDEN NAME Martha Jane Mitchell			14. NAME OF HUSBAND OR WIFE Robert H. Boots (dec.)			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Jack Hiatt (daughter) Amoret					
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlusion INTERVAL BETWEEN ONSET AND DEATH 1/2 hour ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Generalized arteriosclerosis DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS - Conditions contributing to the death but not related to the disease or condition causing death. Cerebral hemorrhages 2 yr.							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4201						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) (Min.)		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 May , 19 56 , to Dec 28 , 19 56 , that I last saw the deceased alive on Dec 24 , 19 56 , and that death occurred at 5:45 pm from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) Fred E. Dunlap				23b. ADDRESS 207 Pleasanton, Paris			23c. DATE SIGNED 12/29/56		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 12-31-56		24c. NAME OF CEMETERY OR CREMATORY Benjamin Cemetery		24d. LOCATION (City, town, or county) (State) Amoret, Missouri			
DATE REC'D BY LOCAL REG. Dec 31-56		REGISTRAR'S SIGNATURE Randall Kerney		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Archer & Mangold, Amsterdam, Missouri					

(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
Student Embalmer

Signed.....

Robert L. Mangold
Licensed Embalmer No. 4972

P. O. Address..... LaCygne, Kansas

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 this body is not embalmed, fact should be so stated above.