

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **1720**

FILED FEB '5 1957

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **159** PRIMARY REG. DIST. NO. **449** Registrar's No. **13**

1. PLACE OF DEATH a. COUNTY <b>JEFFERSON</b>		2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission). a. STATE <b>MO.</b> b. COUNTY <b>JEFF.</b>	
b. CITY (If outside corporate limits, write RURAL and give town) <b>HILLSBORO</b>		c. CITY OR TOWN <b>HILLSBORO</b>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) <b>71 YRS.</b>		f. STREET ADDRESS (If rural, give location) <b>HY. # 21</b> <b>0500</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>HY. # 21</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>MARGARET</b> b. (Middle) <b>ELLEN</b> c. (Last) <b>BOUGHTON</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>JAN. 27 1957</b>		
5. SEX <b>F</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	8. DATE OF BIRTH <b>MAR. 10 1885</b>	9. AGE (In years last birthday) <b>71</b>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>AT HOME</b>
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY <b>-</b>	11. BIRTHPLACE* (City and State or Foreign Country) <b>HILLSBORO</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>

13a. FATHER'S NAME <b>LONDON WILLIAMS</b>	13b. MOTHER'S MAIDEN NAME <b>UNKNOWN</b>	14. NAME OF HUSBAND OR WIFE <b>JAMES BOUGHTON</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>	16. SOCIAL SECURITY NO. <b>NONE</b>	17. INFORMANT'S SIGNATURE OR NAME <b>NANCY WIDEMAN</b> ADDRESS <b>HILLSBORO MO.</b>
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>CORONARY Embolism</b>		INTERVAL BETWEEN ONSET AND DEATH <b>sudden</b>
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Cardiac-renal disease 3 yrs.</b>		
	DUE TO (c) <b>Sanguine left. large &amp; next to m.</b>		
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 <b>4201</b>	20. AUTOPSY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
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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 **Dec. 27, 1957**, to **Jan 25, 1957**, that I last saw the deceased alive on **Jan 25, 1957**, and that death occurred at **4 p. m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Chas. E. Owen, M.D.</b>	23b. ADDRESS <b>202 De Soto, Mo.</b>	23c. DATE SIGNED <b>1/29/57</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	24b. DATE <b>JAN. 30 1957</b>	24c. NAME OF CEMETERY OR CREMATORY <b>HILLSBORO</b>	24d. LOCATION (City, town, or county) (State) <b>HILLSBORO MO.</b>
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DATE REC'D BY LOCAL REG. <b>2-2-57</b>	REGISTRAR'S SIGNATURE <b>Oliver D. ...</b>	25. FEDERAL DIRECTOR'S SIGNATURE <b>Small B. Dietrich</b> ADDRESS <b>202 De Soto Mo.</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

JEFFERSON COUNTY HEALTH DEPT.  
HILLSBORO, MISSOURI

DATE RECEIVED

FEB 2 1957

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.....  
*Donnell B. Dietrich*

Licensed Embalmer No. *4104*

P. O. Address.....  
*Depts. M*

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.