

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

13609

State File No. ....

FILED APR 23 1957

BIRTH NO. _____		REG. DIST. NO. <u>156</u>		PRIMARY REG. DIST. NO. <u>2001</u>		Registrar's No. <u>195</u>	
1. PLACE OF DEATH a. COUNTY <u>JASPER</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>JASPER</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>JOPLIN</u>		c. LENGTH OF STAY (In this place) <u>53 yrs</u>		c. CITY OR TOWN <u>JOPLIN</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>2430 ANNIE BAXTER</u>				STREET ADDRESS (If rural, give location) <u>2430 ANNIE BAXTER</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>BENJAMIN</u> b. (Middle) <u>BURTON</u> c. (Last) <u>BOATRIGT</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>APR 12 1957</u>				
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	8. DATE OF BIRTH <u>JAN 25, 1866</u>		9. AGE (In years last birthday) <u>91</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 11 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RY EMPLOYEE</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>TRANSPORTATION</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>BUCHANAN CO, MO</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>BENJAMIN BOATRIGT</u>		13b. MOTHER'S MAIDEN NAME <u>MARY ELLIEN TONNILLER</u>		14. NAME OF HUSBAND OR WIFE <u>GEORGIA E. DECEASED</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>—</u>		17. INFORMANT'S SIGNATURE OR NAME <u>BORTON BOATRIGT</u>		ADDRESS <u>JOPLIN</u>	
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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u>  ANTECEDENT CAUSES DUE TO (b) <u>Senility</u>  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 <u>4 days</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>331X</u>				20. AUTOPSY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> 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) _____ 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 <u>April 10, 1957</u> , to <u>April 12, 1957</u> , that I last saw the deceased alive on <u>April 12, 1957</u> , and that death occurred at <u>1:30 p. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Jay E. Nix</u> (Degree or title) _____				23b. ADDRESS <u>Joplin, Mo 616 A Joplin</u>		23c. DATE SIGNED <u>Apr 16-57</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>APR 15, 1957</u>	24c. NAME OF CEMETERY OR CREMATORY <u>FAIRVIEW CEM</u>		24d. LOCATION (City, town, or county) <u>JOPLIN</u> (State) <u>MO</u>		
DATE REC'D BY LOCAL REG. <u>4-17-57</u>		REGISTRAR'S SIGNATURE <u>Novo Merriam</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Hurlst Glover</u>		ADDRESS <u>Joplin</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

526  
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County File Number 57-4-329  
Date Filed APR 22 1957

JUL 18 1957

JUL 12 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.....  
*Edw. G. ...*

Licensed Embalmer No. 459

P. O. Address.....  
*Joplin*

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.