

FILED APR 18 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

14329

Health,
Welfare
Public
Service

Registration District No. 301

Primary Registration District No. 4450

STATE FILE NUMBER

Registrar's No. 440

1. PLACE OF DEATH a. COUNTY Ripley		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Ripley	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Doniphan Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Rural 0910 Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Community Hospital Length of stay in 1b 1 day		d. STREET ADDRESS 10 mi. NE Doniphan (If outside, give location) Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) EMMA ELIZABETH BOAS First Middle Last		4. DATE OF DEATH March 15, 1957 Month Day Year	
5. SEX female	6. COLOR OR RACE white	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH June 10, 1891
9. AGE (In years last birthday) 65		10. IF UNDER 1 YEAR IF UNDER 24 HRS. Months 9 Days 8 Hours Min. 	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY at home	
11. BIRTHPLACE (City and state or country) Ste. Genevieve Mo		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Albert Triplett		14. MOTHER'S MAIDEN NAME Julie Lunsford	
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 Richard P. Boas, Rt#2 Doniphan, Mo.		Address	

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Myocardial infarction Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Arteriosclerotic heart disease DUE TO (c) 		INTERVAL BETWEEN ONSET AND DEATH 5 months 2 years	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) pneumonia		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)		
20c. TIME OF INJURY Hour Month Day Year a. m. p. m. 			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION	COUNTY STATE
21. I attended the deceased from 3/14/57 to 3/15/57 and last saw her alive on 3/14/57 Death occurred at 6:55 p.m. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Type or print) Frank Johnson M.D.	22b. ADDRESS Doniphan Mo	22c. DATE SIGNED 3/18/57	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 3/17/1957	23c. NAME OF CEMETERY OR CREMATORY Bellview Cemetery	23d. LOCATION (City, town, or county) (State) Ripley Co., Missouri
24. FUNERAL DIRECTOR ADDRESS Edwards Funeral Home Doniphan, Mo.		25. DATE RECD. BY LOCAL REG. 3-18-57	26. REGISTRAR'S SIGNATURE Ed Johnson

(Licensed Embolmer's Statement on Reverse Side)

300 0
1-56 0

securing the medical certification in the space manner required by the law must be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

277-1

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 *Geat H Parrent*

Licensed Embalmer No. *4809*

P. O. Address *Douglas*

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.