

FILED JUN 3 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 16428

Registration District No. 68 Primary Registration District No. 5267 Registrar's No. 9

S. 300  
1-57  
2220

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY <b>Christian Co</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo</b> COUNTY <b>Christian Co</b>				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Spokane So Galloway Tn</b>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <b>Spokane Mo. R R</b>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Spokane Mo. R R</b>			Length of stay in lb <b>2 Months</b>		d. STREET ADDRESS (If outside, give location) <b>Spokane Mo. R R</b>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <b>Cynthia</b> Middle <b>Ellen</b> Last <b>Bostic</b>				4. DATE OF DEATH Month <b>May</b> Day <b>16</b> Year <b>1957</b>				
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <b>April 15/1883</b>		9. AGE (In years last birthday) <b>64</b>	IF UNDER 1 YEAR Months <b>1</b> Days <b>1</b>	IF UNDER 24 HRS. Hours <b></b> Min. <b></b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housekeeper</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>Mo</b>		11. BIRTHPLACE (City and state or country) <b>D</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>John Brookshire</b>			13b. MOTHER'S MAIDEN NAME <b>Nancy Cole</b>			14. NAME OF HUSBAND OR WIFE <b>Mrs Emily Holmes Spokane Mo. RR</b>		
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></b>		17. INFORMANT Address <b>Mrs Emily Holmes Spokane Mo. RR</b>				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Arteriosclerotic Heart Disease</b>							INTERVAL BETWEEN ONSET AND DEATH <b>1 Mo.</b>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b): <b></b> DUE TO (c): <b></b>								
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Pneumonia, Chronic, 4200</b>							19. WAS AUTOPSY PERFORMED? <b>?</b> YES <input type="checkbox"/> NO <input type="checkbox"/>	
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.) <b></b>					
20c. TIME OF INJURY Hour <b></b> Month <b></b> Day, Year <b></b> a.m. <b></b> p.m. <b></b>								
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.) <b></b>		20f. CITY, TOWN, OR LOCATION <b></b>		COUNTY <b></b> STATE <b></b>		
21. I attended the deceased from <b>4/5/57</b> to <b>5/16/57</b> and last saw her alive on <b>5/7/57</b> Death occurred at <b>2:30 A M</b> on the date stated above; and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE <b>G. Galloway, Jr</b> (Degree or title) <b>MD</b>				22b. ADDRESS <b>Springfield, Mo</b>		22c. DATE SIGNED <b>5/21/57</b>		
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>May 19/57</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Schupbaugh</b>		23d. LOCATION (City, town, or county) (State) <b>Christian Co. Mo</b>			
24. FUNERAL DIRECTOR <b>T. B. Chaffin Ozark, Mo</b> ADDRESS <b></b>			25. DATE RECD. BY LOCAL REG. <b>May 31-1957</b>		26. REGISTRAR'S SIGNATURE <b>Loretta Leonard</b>			

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(Licensed Embalmer's Statement on Reverse Side)

JUN 5 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 *T. B. Chaffin* .....

Licensed Embalmer No. *2192* .....

P. O. Address *Ozark,* .....

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.