Health, & Welfare Public Service

. 300
. 1-56

FILED JUN 4 1957

STANDARD CERTIFICATE OF DEATH

57 017961
STATE FILE NUMBER

Registration District No. 212 Primary Registration District No. 3044 Registrar's No. 29

1. PLACE OF DEATH
a. COUNTY: MILLER
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Eldon — Inside Limits: Yes ☒ No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: 310 N. OAK — Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: last residence before admission)
a. STATE: Missouri b. COUNTY: MILLER
c. CITY OR TOWN: Eldon — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 310 N. OAK — Reside on Farm: Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First: MINNIE Middle: ROSALEE Last: BOAN

4. DATE OF DEATH Month: MAY Day: 25 Year: 1957

5. SEX: FEMALE

6. COLOR OR RACE: CAUCASIAN

7. MARRIED ☒ **NEVER MARRIED** ☐ **WIDOWED** ☐ **DIVORCED** ☐

8. DATE OF BIRTH: July 24, 1880

9. AGE (In years last birthday): 77 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: 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:

11. BIRTHPLACE (City and state or country): OHIO

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William Craig

14. MOTHER'S MAIDEN NAME: MARGARET CRUM

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): NO (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: NONE

17. INFORMANT: Ruby Woten Address: Eldon, MO.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]

PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: 1 wk
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Hypertension & Arteriosclerosis.
DUE TO (c):

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a): 4201

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ **SUICIDE** ☐ **HOMICIDE** ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)

20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

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 1955, to May 25 1957 and last saw her alive on May 23 57
Death occurred at 10 A m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): E. O Shelton MD

22b. ADDRESS: Eldon Mo

22c. DATE SIGNED: May 26 '57

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: MAY 28, 1957

23c. NAME OF CEMETERY OR CREMATORY: Eldon

23d. LOCATION (City, town, or county) (State): Eldon MO.

24. FUNERAL DIRECTOR: Louis B. Phillips ADDRESS: Eldon

25. DATE RECD. BY LOCAL REG.: MAY 26, '57

26. REGISTRAR'S SIGNATURE: Wenotta Walt

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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RECEIVED
MAY 31 '57
Miller County
Health Department
JUN 7 1957

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Louis D. Phillips

Licensed Embalmer No. 364

P. O. Address Eelde

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F
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.