

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

25752

STATE FILE NUMBER

FILED AUG 12 1957

Registration District No. 294 Primary Registration District No. 3056 Registrar's No. 186

1. PLACE OF DEATH a. COUNTY <b>Randolph</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Randolph</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Moberly</b>		c. CITY OR TOWN <b>Rural-Salt Spring Twp.</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Woodland Hospital</b>		d. STREET ADDRESS (If outside, give location) <b>South of Huntsville</b>	

3. NAME OF DECEASED (Type or print) First <b>Florence</b> Middle <b>Boling</b> Last <b>Boling</b>			4. DATE OF DEATH Month <b>July</b> Day <b>31</b> Year <b>1957</b>		
5. SEX <b>female</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>December 7, 1923</b>	9. AGE (In years last birthday) <b>33</b>	IF UNDER 1 YEAR Months <b>3</b> Days <b>10</b> Hours <b>0</b> Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>home</b>		11. BIRTHPLACE (City and state or country) <b>Benton City, Missouri</b>	
13. FATHER'S NAME <b>Archie Lavinder</b>			14. MOTHER'S MAIDEN NAME <b>Gertie Lampton</b>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <b>no none</b>		16. SOCIAL SECURITY NO. <b>none</b>		17. INFORMANT Address <b>Charles Boling: R.R.#2:Huntsville, Mo.</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>Generalized metastatic melanocarcinoma</b>		INTERVAL BETWEEN ONSET AND DEATH <b>3 mo</b>	
DUE TO (b) <b>Primary melanocarcinoma of rectum</b>			<b>6 mo</b>
DUE TO (c)			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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>190x</b>	
20c. TIME OF INJURY Hour <b>6:15 PM</b> Month <b>July</b> Day <b>28</b> Year <b>1957</b> a. m. <b>p. m.</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.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE
21. I attended the deceased from <b>July 28 1957</b> to <b>July 31 1957</b> and last saw her <b>alive</b> on <b>July 30, 57</b> Death occurred at <b>6:15 PM</b> m on the date stated above; and to the best of my knowledge, from the causes stated.		
22a. SIGNATURE (Degree of title) <b>Clarence Clohis M.D.</b>		22b. ADDRESS <b>Moberly Mo</b>
		22c. DATE SIGNED <b>Aug 5, 1957</b>

23a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>	23b. DATE <b>Aug. 2, 1957</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Benton City Cemetery</b>	23d. LOCATION (City, town, or county) <b>Benton City, Missouri</b>
24. FUNERAL DIRECTOR <b>Tom B Patton</b>		25. DATE RECD. BY LOCAL REG. <b>Aug 2-5-7</b>	26. REGISTRAR'S SIGNATURE <b>Leah D. Lowe</b>

(Licensed Embalmer's Statement on Reverse Side)

300  
1-56

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

MEDICAL CERTIFICATION

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 *Tom B Patton*

Licensed Embalmer No. *39*

P. O. Address *Hunter*

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