

No. 300  
 10.48  
 0742  
 WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD  
 229

THE DIVISION OF HEALTH OF MISSOURI  
 FILED SEP 3 1957 STANDARD CERTIFICATE OF DEATH

State File No. 28887

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 251 PRIMARY REG. DIST. NO. 3048 Registrar's No. 201

1. PLACE OF DEATH a. COUNTY <u>Nodaway</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Nodaway</u>	
b. CITY OR TOWN (If outside corporate limits, give FEDERAL and give township) <u>Maryville</u>		c. CITY OR TOWN <u>Burnhaston Jct</u>	
c. LENGTH OF STAY (in this place) <u>3 da</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>St Francis Hosp</u>		e. STREET ADDRESS (If rural, give location) <u>0740</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>MARY</u> b. (Middle) <u>MELVINA</u> c. (Last) <u>BOSTON</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>AUGUST 10 1957</u>	
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Dec 16, 1872</u>
9. AGE (In years last birthday) <u>64</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Monette Missouri</u>
12. CITIZENSHIP OF WHAT COUNTRY? <u>US</u>		13. CITIZENSHIP OF WHAT COUNTRY? <u>US</u>	

13a. FATHER'S NAME <u>John Largent</u>	13b. MOTHER'S MAIDEN NAME <u>Urbrown</u>	14. NAME OF HUSBAND OR WIFE <u>James A Boston</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) (If yes, give war & dates of service) <u>no</u>	16. SOCIAL SECURITY NO. <u>—</u>	17. INFORMANT'S SIGNATURE OR NAME <u>ARTHUR BOSTON BURN. JCT. MO</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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebro Vasculer Accident</u>		INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u> <u>10-15 days</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cerebral Arteriosclerosis</u>		
	DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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) <u>331X</u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK <input type="checkbox"/> NOT WHILE AT WORK	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 7, 1957, to Aug 10, 1957, that I last saw the deceased alive on Aug 10, 1957, and that death occurred at 10:4 m., from the causes and on the date stated above.

23a. SIGNATURE <u>[Signature]</u>	(Degree or title)	23b. ADDRESS <u>Maryville, Mo</u>	23c. DATE SIGNED <u>8/10/57</u>
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <u>Aug 12, 1957</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Old Country</u>	24d. LOCATION (City, town, or county) (State) <u>Burnhaston Jct Mo</u>
DATE REC'D BY LOCAL REG. <u>8 27 57</u>	REGISTRAR'S SIGNATURE <u>[Signature]</u>	25. FEDERAL DIRECTOR'S SIGNATURE <u>[Signature]</u> ADDRESS <u>Burnhaston Jct. Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

**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 *J. H. ...* .....

Licensed Embalmer No. *296*

P. O. Address *Burlington*

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.