

FILED DEC 6 - 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

89542

State File No.

BIRTH NO. _____ REG. DIST. NO. 58 PRIMARY REG. DIST. NO. 4088 Registrar's No. 321

1. PLACE OF DEATH a. COUNTY <u>CARTER</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY <u>CARTER</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>ELLSINORE</u>		c. LENGTH OF STAY (in this place) <u>22 yrs</u>	d. 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>ELLSINORE</u>		e. STREET ADDRESS (If rural, give location) <u>ELLSINORE MO 0180</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>JAMES</u>		b. (Middle) <u>MARION</u>	
c. (Last) <u>Boxx</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>NOV 23 1957</u>	
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>Jan 28, 1871</u>
9. AGE (In years last birthday) <u>86</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u>	
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>	
11. BIRTHPLACE (City and State or Foreign Country) <u>BUTLER CO. MO</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>	
13a. FATHER'S NAME <u>UNKNOWN</u>		13b. MOTHER'S MAIDEN NAME <u>UNKNOWN</u>	
14. NAME OF HUSBAND OR WIFE <u>EVA. BOXX</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknowns) (If yes, give war or dates of service) <u>NO</u>	
16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Asa Boxx, Ellsinore, Missouri.</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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Circulatory Failure</u> ANTECEDENT CAUSES Arteriosclerosis and Chronic Myocarditis DUE TO (b) <u>Senility</u> DUE TO (c) <u>Senility</u> 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 <u>4221</u>	
20. AUTOPSY? <input type="checkbox"/> YES <input type="checkbox"/> NO <input 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)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>12-3</u> , 19 <u>54</u> , to <u>11-23</u> , 19 <u>57</u> , that I last saw the deceased alive on <u>11-14</u> , 19 <u>57</u> , and that death occurred at <u>1:30 AM.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Frank X. Boushick, D.O.</u>		23b. ADDRESS <u>Van Buren, Missouri</u>	
23c. DATE SIGNED <u>11-25-57</u>		24. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	
24b. DATE <u>11-24-1957</u>		24c. NAME OF CEMETERY OR CREMATORY <u>HENSON CEMETERY</u>	
24d. LOCATION (City, town, or county) (State) <u>CARTER MO</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>William McArthur Van Buren, Mo.</u>	
25. ADDRESS <u>Van Buren, Mo.</u>		DATE REC'D BY LOCAL REG. <u>Dec. 3-57</u>	
REGISTRAR'S SIGNATURE <u>Mrs. Octav Henson</u>		ADDRESS <u>Van Buren, Mo.</u>	

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

DEC 5 1957

CARROLL COUNTY
HEALTH CENTER

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 ^{C.} Allen ~~Glad~~ McSpadden

Licensed Embalmer No. ⁴⁵⁴³ ~~4543~~

P. O. Address Van Buren, Mo.....

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.