

Health, Welfare Public Service
 1300
 1-56
 4
 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

FILED DEC 9 - 1957

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

42995

STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 590 Registrar's No. 2890

1. PLACE OF DEATH a. COUNTY St. Louis				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Illinois b. COUNTY Jackson					
b. CITY (If outside corporate limits, give TOWNSHIP only) Valley Park			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Carbondale		812 ⁰ / ₈ ⁸ / ₈ Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) Moll Nursing Home			Length of stay in lb 3Mos.	d. STREET ADDRESS Formerly 719 Forrest St.			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) Joseph. Hillis Boos				First	Middle	Last	4. DATE OF DEATH Nov. 18, 1957		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH July 9, 1875		9. AGE (In years last birthday) 82	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Postmaster			10b. KIND OF BUSINESS OR INDUSTRY Retired-Mail		11. BIRTHPLACE (City and state or country) Golconda, Ill.		12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13. FATHER'S NAME George Otto Boos				14. MOTHER'S MAIDEN NAME Mary Platter					
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No None		16. SOCIAL SECURITY NO. 334-16-9337		17. INFORMANT Mrs. Mary Young, 57 Berrywood Dr.				Address Glendale, Mo	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c.)] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Carcinoma of the bladder (urinary)							INTERVAL BETWEEN ONSET AND DEATH 6 mo.		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____							181X		
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.)						
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.									
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 9-12-57 to 11/18/57 and last saw him alive on 11/16/57 Death occurred at 9 ^{P} m on the date stated above and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE [Signature]				22b. ADDRESS Kirkwood, Mo.		22c. DATE SIGNED 11/19/57			
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 11/19/57	23c. NAME OF CEMETERY OR CREMATORY Pleasant Grove Cem.		23d. LOCATION (City, town, or county) Carbondale, Ill.				
24. FUNERAL DIRECTOR Pfzinger Mortuary, Kirkwood, Mo.				25. DATE RECD. BY LOCAL REG. 11-19-57		26. REGISTRAR'S SIGNATURE [Signature]			

