

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

4107

FILED FEB 3 1958

State File No.

36

BIRTH NO. _____		REG. DIST. NO. <b>833</b>		PRIMARY REG. DIST. NO. <b>3074</b>		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY <b>Scott</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>New Madrid</b>			
b. CITY (If outside corporate limits, write RURAL and give township) <b>Liberton</b>		c. LENGTH OF STAY (In this place) <b>—</b>		c. CITY OR TOWN <b>Marehous</b>		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 <b>Shuffett Nursing Home</b>				STREET ADDRESS (If rural, give location) <b>—</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>George</b>		b. (Middle) <b>W.</b>		c. (Last) <b>Boaz</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Jan 2 1958</b>	
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>		8. DATE OF BIRTH <b>June 6, 1881</b>	
9. AGE (In years last birthday) <b>76</b>		IF UNDER 1 YEAR Months <b>—</b> Days <b>—</b>		IF UNDER 1 YEAR Hours <b>—</b> Min. <b>—</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Lumber worker</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>—</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Johnson County Ill.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>Unknown</b>		13b. MOTHER'S MAIDEN NAME <b>Unknown</b>		14. NAME OF HUSBAND OR WIFE <b>Deceased</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>—</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs. Earl Carmack Marehous Mo</b>			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>General debility</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>cerebrovascular accident 3 days</b> DUE TO (c) <b>Generalized arteriosclerosis.</b> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <b>—</b>	
19a. DATE OF OPERATION <b>—</b>		19b. MAJOR FINDINGS OF OPERATION <b>—</b>		20. AUTOPSY? <b>2</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21. ACCIDENT SUICIDE HOMICIDE (Specify) <b>—</b>	
21a. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>—</b>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>331X</b>		21d. TIME (Month) (Day) (Year) (Hour) OF INJURY <b>—</b>			
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>—</b>					
22. I hereby certify that I attended the deceased from <b>12-12, 1957</b> , to <b>12-31, 1957</b> , that I last saw the deceased alive on <b>12-31, 1957</b> , and that death occurred at <b>7</b> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <b>E. D. Urban M.D.</b>				23b. ADDRESS <b>S. Keston, Mo</b>		23c. DATE SIGNED <b>1/11/58</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>Jan 4, 1958</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Harvey Memorial</b>		24d. LOCATION (City, town, or county) (State) <b>Liberton Missouri</b>	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <b>Jan 20, 58 Mrs. Ella Hunter</b>		25. FEDERAL DIRECTOR'S SIGNATURE ADDRESS <b>Prville Taylor Liberton Mo</b>					

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

1903

DATE RECEIVED JAN 27 1958

SCOTT CO. HEALTH DEPT.

CO. FILE No. 158-30

---

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

*Earl Mattkins*

Licensed Embalmer No. 4964

P. O. Address Oyster, Md.

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.