

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH58-006251
State File No.

FILED FEB 17 1958

BIRTH NO. _____		REG. DIST. NO. <u>169</u>		PRIMARY REG. DIST. NO. <u>4258</u>		Registrar's No. <u>8</u>	
1. PLACE OF DEATH a. COUNTY <u>Knox</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Knox</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Edina</u>		c. LENGTH OF STAY (In this place) <u>4 days</u>		c. CITY OR TOWN <u>5 Mi. SE of Edina</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Gibson Hospital & Clinic</u>				f. STREET ADDRESS (If rural, give location) _____			
3. NAME OF DECEASED (Type or Print) <u>FREDDIE</u>		a. (First)		b. (Middle) <u>CECIL</u>		c. (Last) <u>BOONE</u>	
4. DATE OF DEATH <u>Feb 8, 1958</u>		5. SEX <u>M</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	
8. DATE OF BIRTH <u>24 Dec 1908</u>		9. AGE (In years last birthday) <u>49</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Kahoha, Missouri</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>Thomas Boone</u>		13b. MOTHER'S MAIDEN NAME <u>Lodean Hobbs</u>		14. NAME OF HUSBAND OR WIFE <u>Naomi E. Boone</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>487-18-2929</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Freddie Boone</u>		ADDRESS <u>Edina, 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.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Circulatory Failure</u> ANTECEDENT CAUSES <u>Ruptured Thrombotic Myocardial Infarction</u> Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>with Pericardial Tamponade</u> DUE TO (c) <u>Arteriosclerosis</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Essential Hypertension</u>			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		INTERVAL BETWEEN ONSET AND DEATH <u>10 yrs.</u>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (a.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>4201</u>		22. I hereby certify that I attended the deceased from <u>1954</u> , 19____, to <u>2/8/58</u> , 19____, that I last saw the deceased alive on <u>2/8/58</u> , 19____, and that death occurred at <u>4:00Pm.</u> , from the causes and on the date stated above.	
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?		23. SIGNATURE (Degree or title) <u>D.O.</u>	
23a. ADDRESS <u>Edina, Mo.</u>		23b. DATE SIGNED <u>2/10/58</u>		24. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>10 Feb 1958</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Bee Ridge Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>S. E. of Edina, Missouri</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Edina, Mo.</u>		25. ADDRESS	
DATE REC'D BY LOCAL REG. <u>Feb. 12</u>		REGISTRAR'S SIGNATURE <u>Helle S. Hunolt</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Edina, Mo.</u>		25. ADDRESS	

MAR 25 1958

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.....
A. G. Rimmer

Licensed Embalmer No. 50

P. O. Address Edina

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.