

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-006716
State File No.

FILED MAR 13 1958

BIRTH NO. _____ REG. DIST. NO. 275 PRIMARY REG. DIST. NO. 3053 Registrar's No. 47

1. PLACE OF DEATH a. COUNTY <u>Phelps</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 town) <u>Rolla</u>		c. CITY OR TOWN <u>van Buren</u>	d. In Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (In this place) <u>4 yrs</u>		e. STREET ADDRESS (If rural, give location) <u>0190</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Mrs. Farland reethome</u>			

3. NAME OF DECEASED (First) <u>Lena</u> (Middle) <u>Pamela</u> (Last) <u>Boxx</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>2-26-58</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 24 1873</u>		9. AGE (In years) (last birthday) <u>84</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>home</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>Ben Jones</u>	13b. MOTHER'S MAIDEN NAME <u>Susan King</u>	14. NAME OF HUSBAND OR WIFE <u>A.J. Boxx</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	16. SOCIAL SECURITY NO. <u>no</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Thelma Jones</u> ADDRESS <u>Kansas City 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, ashenia, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Fracture left femur</u>		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES DUE TO (b) <u>fall.</u>		
	DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Advanced Arterio Sclerosis</u>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>9047 45</u>	20. AUTOPSY? <u>2</u> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>accident</u>	21b. PLACE OF INJURY (e.g., home, farm, factory, street, office, etc.) <u>missing home</u>	21c. (CITY, TOWN, OR TOWNSHIP) <u>Rolla</u> (COUNTY) <u>Phelps</u> (STATE) <u>mo.</u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Feb 5 1958</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>pt fall</u>

22. I hereby certify that I attended the deceased from Feb 5, 1958 to Feb 26, 1958 that I last saw the deceased alive on Feb 26, 1958 and that death occurred at 4:30 AM, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Wm R Lytle M.D.</u>	23b. ADDRESS <u>Rolla mo</u>	23c. DATE SIGNED <u>2/26/58</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	24b. DATE <u>3-1-58</u>	24c. NAME OF CEMETERY OR CREMATORY <u>van Buren</u>	24d. LOCATION (City, town, or county) (State) <u>van Buren mo</u>
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DATE REC'D BY LOCAL REG. <u>Mar. 3, 1958</u>	REGISTRAR'S SIGNATURE <u>Nadine L. Stoll</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>L. Seaton</u> ADDRESS <u>Pewitt van Buren mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

Phelps County Health Officer

County File Number ~~987~~ 986

Date Filed 3-12-58

MAR 13 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..... Paul E. Zula

Licensed Embalmer No. 449

P. O. Address..... Pella, Ia

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.