

death, health, welfare, public service, 5103, 300, -56, diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-010480
STATE FILE NUMBER

FILED MAR 24 1958

Registration District No. 566 Primary Registration District No. 5604 Registrar's No. 7

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| 1. PLACE OF DEATH a. COUNTY Johnson | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Johnson | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Montserrat | | c. CITY OR TOWN RFD #1 KnobNoster | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Montserrat Methodist Church | | d. STREET ADDRESS RFD #1 (If outside, give location) | |
| 3. NAME OF DECEASED (Type or print) First DAVIS Middle EARL Last BOOSINGER | | 4. DATE OF DEATH Month March Day 19 Year 1958 | |
| 5. SEX Male | 6. COLOR OR RACE white | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH Jan 2, 1889 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer | | 10b. KIND OF BUSINESS OR INDUSTRY Crops | 9. AGE (In years last birthday) 69 |
| 13. FATHER'S NAME Dudley Boosinger | | 11. BIRTHPLACE (City and state or country) Johnson County, Missouri | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No | | 12. CITIZEN OF WHAT COUNTRY? USA | |
| 16. SOCIAL SECURITY NO. 499-40-4280 | | 14. MOTHER'S MAIDEN NAME Alice Parman | |
| 17. INFORMANT Mrs. Effie Boosinger | | Address RFD Knob Noster, 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) Coronary Occlusion Conditions, if any, which gave rise to above, cause (a), stating the underlying cause last. } DUE TO (b) Coronary sclerosis - angina DUE TO (c) 4201 | | | INTERVAL BETWEEN ONSET AND DEATH 8 yrs |
| 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 p. m. Month, Day, Year | | 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 Warrensburg Mo COUNTY STATE | |
| 21. I attended the deceased from June 1949 to 19 March 58 and last saw ^{her} (him) alive on 8 March 58 Death occurred at m on the date stated above; and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE [Signature] (Degree or title) M.D. | | 22b. ADDRESS Warrensburg Mo | |
| 22c. DATE SIGNED 20 March 58 | | 23a. BURIAL, CREATION, REPOSITORY (Specify) Burial | |
| 23b. DATE 3-21-58 | | 23c. NAME OF CEMETERY OR CREMATORY Sunset Hill Cemetery | |
| 23d. LOCATION (City, town, or county) Warrensburg, Missouri (State) | | 24. FUNERAL DIRECTOR The Brauningers ADDRESS Warrensburg, Missouri | |
| 25. DATE RECD. BY LOCAL REG. 3/21/58 | | 26. REGISTRAR'S SIGNATURE Ema L. Beatty | |

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

T. Reed MAXSON

MAR 27 1958

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was e
by me, or by Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Richard T. McDonald*.....

Licensed Embalmer No. 48

P. O. Address *Warren*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.
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.