

FILED MAY 2 1958

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-014708  
STATE FILE NUMBER 84

Registration District No. 157 Primary Registration District No. 5588 Registrar's No.

S. 300  
1-57

490

DOCTOR, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY Jasper		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Jasper	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Sarcoxie		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN Sarcoxie Mo. 0499
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION LaRussell		Length of stay in lb Two years	d. STREET ADDRESS (If outside, give location) LaRussell
3. NAME OF DECEASED (Type or print) First Middle Last Clarence Ora Boswell			4. DATE OF DEATH Month Day Year 4 16 1958
5. SEX M 0	6. COLOR OR RACE Wh	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 10-20-1879
9. AGE (In years last birthday) 78	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer	11. BIRTHPLACE (City and state or country) Lawrence County 0	12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Davis Boswell		13b. MOTHER'S MAIDEN NAME Mary Carver	
14. NAME OF HUSBAND OR WIFE Rachel Boswell		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	
16. SOCIAL SECURITY NO. 492-20-5614		17. INFORMANT Address Rachell Boswell Sarcoxie 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) <u>Wrenna poisoning</u>			INTERVAL BETWEEN ONSET AND DEATH 6 days
Conditions, if any, which gave rise to above cause (a), starting the underlying cause last. DUE TO (b) <u>Chronic Nephritis</u>			2 years
DUE TO (c) <u>Arterio Sclerosis</u>			5 years
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			446X
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 <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 1 Jan 1956 to 16 Apr 1968 and last saw him alive on 15 Apr 1958 Death occurred at 4:45 pm on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>W. Simmons M.D.</u>		22b. ADDRESS 1201 Central Street 22c. DATE SIGNED 17 Apr 58	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 4-19-1958	23c. NAME OF CEMETERY OR CREMATORY Union Cemetery	23d. LOCATION (City, town, or county) (State) Lawrence County Mo.
24. FUNERAL DIRECTOR Wilks Bros. Pierce City Mo.		25. DATE RECD. BY LOCAL REG. 4-18-58	26. REGISTRAR'S SIGNATURE E. M. Clinton

Perce County Health Department  
County File Number 58-5-400  
Date Filed MAY 1 1957

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, ~~and~~ by Edwin Wilks....., Student Embalmer No. .... working under my personal supervision.

Student .....  
Signature of Student Embalmer

Signed Edwin Wilks.....

Licensed Embalmer No. 4131.....

P. O. Address Perce City Mo.....

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.