V.S. No. 300
Rev. 10-48

0759

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED APR 18 1958

State File No. 58-015143

BIRTH NO. _____ REG. DIST. NO. 255 PRIMARY REG. DIST. NO. 5877 Registrar's No. 17

1. PLACE OF DEATH
a. COUNTY: OREGON
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): ALTON - RURAL
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): —

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE: MISSOURI
b. COUNTY: OREGON
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): ALTON - RURAL 0758
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): CLARENCE
b. (Middle): FRANK
c. (Last): BOGGS

4. DATE OF DEATH (Month) (Day) (Year): 4 5 1958

5. SEX: M
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: 1-5-1890
9. AGE (In years last birthday): 68
If under 1 year: Months: 3 Days:
If under 24 hrs.: Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): BRICKLAYER
10b. KIND OF BUSINESS OR INDUSTRY: CONSTRUCTION
11. BIRTHPLACE (City and State or Foreign Country): MISSOURI
12. CITIZEN OF WHAT COUNTRY?: U.S.

13a. FATHER'S NAME: RILEY BOGGS
13b. MOTHER'S MAIDEN NAME: ADDIE WARLEY
14. NAME OF HUSBAND OR WIFE: MAUDE BOGGS

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 403-03-6882
17. INFORMANT'S SIGNATURE OR NAME: HARRY WARLEY
ADDRESS: ALTON, MO.

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Coronary Thrombosis

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: Generalized Arteriosclerosis

INTERVAL BETWEEN ONSET AND DEATH: few minutes

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Dec, 1957, *to* March 1958, *that I last saw the deceased alive on* March, 1958, *and that death occurred at* 2:30 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE: Ann E. Little (Degree or title) MD
23b. ADDRESS: Mammoth Springs, Ark.
23c. DATE SIGNED: 4-10-58

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: 4-8-1958
24c. NAME OF CEMETERY OR CREMATORY: WHEELER CEMETARY
24d. LOCATION (City, town, or county) (State): WHEELER ILL.

DATE REC'D BY LOCAL REG.: 4-12-58
REGISTRAR'S SIGNATURE: Mrs W C Johnson
25. FUNERAL DIRECTOR'S SIGNATURE: John Cary
ADDRESS: Alton, Mo

(Licensed Embalmer's Statement on Reverse Side)

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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 _____
Student Embalmer

Signed John D. Clary

Licensed Embalmer No. 4475

P. O. Address Box 398 Alton 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 this body is not embalmed, fact should be so stated above.