

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-020595

STATE FILE NUMBER

FILED MAY 28 1958

Registration District No.

325'

Primary Registration District No.

4480

Registrar's No.

61

1. PLACE OF DEATH a. COUNTY <b>SCHUYLER</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>SCOTLAND</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>GREENTOP</b>		c. CITY OR TOWN <b>MEMPHIS</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>BLUMMER NURSING HOME</b>		d. STREET ADDRESS (If outside, give location)	
Length of stay in 1b <b>5 WEEKS</b>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <b>SAMUEL</b> Middle Last <b>BOOZEL</b>		4. DATE OF DEATH Month <b>MAY</b> Day <b>23</b> Year <b>1958</b>	
5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>NOV. 9, 1877</b>
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>retired farmer</b>		9b. KIND OF BUSINESS OR INDUSTRY	
10a. BIRTHPLACE (City and state or country) <b>MC: DONOUGH CO., ILLINOIS</b>		10b. CITIZEN OF WHAT COUNTRY? <b>U.S. A.</b>	
11a. FATHER'S NAME <b>ABRAHAM BOOZEL</b>		11b. MOTHER'S MAIDEN NAME <b>MAGDELENE HOKE</b>	
12a. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <b>NO</b>		12b. SOCIAL SECURITY NO. <b>NO</b>	
13a. INFORMANT <b>EDNA CAMPBELL</b>		13b. ADDRESS <b>MEMPHIS</b>	
14. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Medullary failure</b> DUE TO (b) <b>Cerebral anoxemia due to cerebral thrombosis</b> DUE TO (c) <b>generalized arteriosclerosis</b> 332 X PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		INTERVAL BETWEEN ONSET AND DEATH	
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 a.m. Month, Day, Year p.m.		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20e. CITY, TOWN, OR LOCATION		20f. COUNTY STATE	
21. I attended the deceased from _____, to _____ and last saw her alive on _____ Death occurred at <b>6:00 AM</b> m on the date stated above; and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Degree or title) <b>Frank Noel D.D.</b> 2 <b>PO Box 235 Greentop Mo</b> 22c. DATE SIGNED <b>3-24-58</b>	
23a. BURIAL, CREMATION, (Specify) <b>BURIAL</b>		23b. DATE <b>MAY 25, 1958</b>	
23c. NAME OF CEMETERY OR CREMATORY <b>MEMPHIS CEMETERY</b>		23d. LOCATION (City, town, or county) (State) <b>MEMPHIS, MISSOURI</b>	
24. FUNERAL DIRECTOR <b>Arthur Baskett</b> ADDRESS <b>Memphis Mo</b>		25. DATE RECD. BY LOCAL REG. <b>5-25-58</b> 26. REGISTRAR'S SIGNATURE <b>Wm. A. J. Drake</b>	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Doctor, coroner, etc.: must use only standard nomenclature in Item 18. No symptoms with be listed. All diseases in Part I must be causally related.

JUL 2 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 *Alfred C. Smith* .....

Licensed Embalmer No. *4257* .....

P. O. Address *Memphis* .....

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.