S. No. 300
v. 10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 58-021079

FILED JUL 10 1958

BIRTH NO. _____ REG. DIST. NO. 43 PRIMARY REG. DIST. NO. 3007 Registrar's No. 425

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

1. PLACE OF DEATH
a. COUNTY: Butler
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Poplar Bluff
c. LENGTH OF STAY (in this place): 5 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Poplar Bluff Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Stoddard
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Dexter
d. STREET ADDRESS (If rural, give location): North Catalpa

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3. NAME OF DECEASED (Type or Print)
a. (First): Earl
b. (Middle):
c. (Last): Boose

4. DATE OF DEATH (Month) (Day) (Year): July 2, 1958

5. SEX: Male 0
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2
8. DATE OF BIRTH: Oct. 22, 1882
9. AGE (In years last birthday): 75 — IF UNDER 1 YEAR: Months 8, Days 10 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Laborer
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and State or Foreign Country): Cass County, Indiana 1
12. CITIZEN OF WHAT COUNTRY?: U. S. A.

13a. FATHER'S NAME: Valentine Boose
13b. MOTHER'S MAIDEN NAME: Lucinda Thompson
14. NAME OF HUSBAND OR WIFE: Vera Boose (Dec'd)

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.: 491-16-3223
17. INFORMANT'S SIGNATURE OR NAME: Family Records — ADDRESS:

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 Heart disease — INTERVAL BETWEEN ONSET AND DEATH: 6-29-58

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

DUE TO (c)

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

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: 4201
20. AUTOPSY? 2 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* 6-28, 1958, *to* 7-2, 1958, *that I last saw the deceased alive on* 7-2, 1958, *and that death occurred at* 100 *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [signature] M D 0
23b. ADDRESS: Poplar Bluff Mo.
23c. DATE SIGNED: 7-2-58

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 7-3-58
24c. NAME OF CEMETERY OR CREMATORY: Burlington
24d. LOCATION (City, town, or county) (State): Carroll County, Ind.

DATE REC'D BY LOCAL REG.: 7/5/58
REGISTRAR'S SIGNATURE: [signature]
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Strickland-Rainey, Dexter, Mo.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
JUL 8 1958
BUTLER CO. HEALTH CENTER
FILE No.

JUL 29 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 .....
Student Embalmer

Signed Lucille Rainey

Licensed Embalmer No. 4983

P. O. Address Dexter, 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.