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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-025122
STATE FILE NUMBER

FILED JUL 22 1958 Registration District No. 120 Primary Registration District No. 4197 Registrar's No. 227

1. PLACE OF DEATH a. COUNTY Gentry b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Stanberry — Inside Limits Yes ☒ No ☐ c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Munro Nurs. Hme. — Length of stay in 1b 11 days	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Gentry c. CITY OR TOWN King City 0380 — Inside Limits Yes ☒ No ☐ d. STREET ADDRESS (If outside, give location) (No Street Address) — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First Eunice Middle Estelle Last Boone

4. DATE OF DEATH: Month July Day 11 Year 1958

5. SEX: Female 1

6. COLOR OR RACE: White

7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐ 1

8. DATE OF BIRTH: Mar. 2, 1875

9. AGE (In years last birthday): 83 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Self Employed

11. BIRTHPLACE (City and state or country): Blue Earth, Minn. 1

12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME: Albert Warren White

13b. MOTHER'S MAIDEN NAME: Sarah Woods

14. NAME OF HUSBAND OR WIFE: Edward C. Boone

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) None

16. SOCIAL SECURITY NO.: None

17. INFORMANT: Mrs. Sarah Cox Address: King City, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Myocarditis — INTERVAL BETWEEN ONSET AND DEATH years
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) ____
DUE TO (c) 4222
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 ☐ NO ☒ 2

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

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. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION: Stanberry COUNTY: Gentry STATE: Mo

21. I attended the deceased from 7-8-58 to 7-11-58 and last saw her alive on 7-11-58
Death occurred at 2:10 P.M. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: Frank H. Rose (Degree or title) M.D.

22b. ADDRESS: Albany Mo

22c. DATE SIGNED: 7-12-58

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: 7/13/58

23c. NAME OF CEMETERY OR CREMATORY: King City Cem.

23d. LOCATION (City, town, or county) (State): King City, Mo.

24. FUNERAL DIRECTOR: Taggart-Woodrel. ADDRESS: King City, Mo.

25. DATE RECD. BY LOCAL REG.: 7-14-58

26. REGISTRAR'S SIGNATURE: Mrs. L. W. Bare

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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.

JUL 25 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 Harold E. Woodrel

Licensed Embalmer No. 4609

P. O. Address King 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.