

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-029829  
STATE FILE NUMBER

FILED SEP 3 1958 Registration District No. 267 Primary Registration District No. 3049 Registrar's No. 178

1. PLACE OF DEATH a. COUNTY <b>Pemiscot</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> COUNTY <b>Pemiscot</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Hayti</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>Caruthersville</b> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Hayti Hospital</b>		Length of stay in lb <b>2hrs</b>	d. STREET ADDRESS (If outside, give location) <b>East 9th St. Caruthersville</b> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last <b>Fanny Pearl Boatright</b>			4. DATE OF DEATH Month Day Year <b>Aug-16-1958</b>
5. SEX <b>F</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>June-18-1896</b>
9. AGE (In years last birthday) <b>62</b>		IF UNDER 1 YEAR Months <b>1</b> Days <b>28</b> Hours <b></b> Min. <b></b>	IF UNDER 24 HRS. Hours <b></b> Min. <b></b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>none</b>	11. BIRTHPLACE (City and state or country) <b>U.S.A.</b>
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		13a. FATHER'S NAME <b>Joseph Lee Wilson</b>	13b. MOTHER'S MAIDEN NAME <b>Ella Brenington</b>
14. NAME OF HUSBAND OR WIFE <b>George Boatright</b>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	16. SOCIAL SECURITY NO. <b>none</b>
17. INFORMANT Address <b>Nell Corbin Caruthersville, Mo.</b>		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Cyst Adeno Carcinoma of ovary</b> DUE TO (b) _____ DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>1750</b>	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <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. _____ p.m. _____	
20d. INJURY OCCURRED WHILE AT WORK <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 <b>Caruthersville, Mo.</b>		20g. COUNTY <b>Pemiscot</b>	
20h. STATE <b>Mo.</b>		21. I attended the deceased from Death occurred at <b>June 58</b> to <b>Aug. 16 '58</b> and last saw her alive on <b>Aug 16, 1958</b> on the date stated above; and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE <b>John H. German</b> (Degree or title)		22b. ADDRESS <b>Caruthersville, Mo.</b>	
22c. DATE SIGNED <b>8/21/58</b>		23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	
23b. DATE <b>8-18-1958</b>		23c. NAME OF CEMETERY OR CREMATORY <b>Little Prairie</b>	
23d. LOCATION (City, town, or county) <b>Caruthersville, Mo.</b>		24. FUNERAL DIRECTOR ADDRESS <b>L. A. Forge Und. Co. C'ville, Mo.</b>	
25. DATE RECD. BY LOCAL REG. <b>8-21-58</b>		26. REGISTRAR'S SIGNATURE <b>John H. German</b>	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

SEP 19 1958

CARUTHERSVILLE, MO

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 *Noel C Deane* .....

Licensed Embalmer No. 3941

P. O. Address *Caruthersville* .....

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.