Health, & Welfare Public Service

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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-037241
STATE FILE NUMBER

FILED NOV 7 1958 Registration District No. 248 Primary Registration District No. 4369 Registrar's No.

1. PLACE OF DEATH
a. COUNTY: Newton
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Seneca — Inside Limits: Yes [X] No [ ]
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Doctor's office — Length of stay in 1b: 1 hr.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri — b. COUNTY: Newton
c. CITY OR TOWN: Seneca rural — Inside Limits: Yes [ ] No [X]
d. STREET ADDRESS (If outside, give location): 0730 7 mi. SE of Seneca — Reside on Farm: Yes [X] No [ ]

3. NAME OF DECEASED (Type or print): First Charles — Middle Opal — Last Boman

4. DATE OF DEATH: Month Oct. Day 27, Year 1958

5. SEX: Male 0
6. COLOR OR RACE: white
7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] / DIVORCED [ ]
8. DATE OF BIRTH: March 15, 1904
9. AGE (In years last birthday): 54 — 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): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: ----------
11. BIRTHPLACE (City and state or country): Berry County, Missouri 0
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: John A. Boman
13b. MOTHER'S MAIDEN NAME: Mary Ford
14. NAME OF HUSBAND OR WIFE: Nina

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.: 488-20-2459
17. INFORMANT Address: Mrs. Nina Boman, rt 1, Seneca, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): cardiac Insufficiency
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b): acute gastritis
DUE TO (c): 543X
INTERVAL BETWEEN ONSET AND DEATH: 30 minutes

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 [X] 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 COUNTY STATE: ~~Seneca Newton Mo~~

21. I attended the deceased from Oct 27, to Oct 27 and last saw her/him alive on Oct 27
Death occurred at 9:00 a.m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Dr M. S. Mendenhall 2
22b. ADDRESS: Seneca, Mo
22c. DATE SIGNED: 10/28/58

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 10/29/58
23c. NAME OF CEMETERY OR CREMATORY: Baptist Swars Prairie Cem.
23d. LOCATION (City, town, or county) (State): Newton Co., Missouri

24. FUNERAL DIRECTOR: W E Biddleman — ADDRESS: Seneca Mo
25. DATE RECD. BY LOCAL REG.: 10-31-58
26. REGISTRAR'S SIGNATURE: Mrs. Irene Russell

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

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.

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Distinct File Number 1158-229
Date Filed NOV 5 1958

VS JUN 13 1960

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 W. E. Beddleeom

Licensed Embalmer No. 2174

P. O. Address Seneca 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.