

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-037430

STATE FILE NUMBER

FILED NOV 10 1958

Registration District No. 294

Primary Registration District No. 3056

Registrar's No. 234

300  
1-57  
883  
0

1. PLACE OF DEATH a. COUNTY <b>Randolph</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Randolph</b>				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Moberly</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <b>Moberly</b>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Comm. Mem. Hosp.</b>		Length of stay in lb <b>7 Yrs</b>		d. STREET ADDRESS <b>116 E. Carpenter St.</b>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First <b>EVERETT</b> Middle <b>HOMER</b> Last <b>BOATMAN</b>				4. DATE OF DEATH Month <b>OCT.</b> Day <b>29</b> Year <b>1958</b>				
5. SEX <b>Male ♂</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>Jan. 4, 1887</b>		9. AGE (In years last birthday) <b>71</b>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Shoe Worker</b>		11. BIRTHPLACE (City and state or country) <b>Old Milton, Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		
13a. FATHER'S NAME <b>Claybourne F. Boatman</b>			13b. MOTHER'S MAIDEN NAME <b>Anna E. Parker</b>			14. NAME OF HUSBAND OR WIFE <b>Mrs. Grace Boatman</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>303-10-3084</b>		17. INFORMANT <b>Mrs. E. H. Boatman</b>		Address <b>Moberly</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>Asphyxia and sepsis</b>						INTERVAL BETWEEN ONSET AND DEATH <b>2 hrs</b>		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>bronchopneumonia and pulmonary Ephysema</b>						<b>unknown</b>		
DUE TO (c) <b>Chronic bronchial asthma</b>						<b>unknown</b>		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>241X</b>						19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
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. _____ p.m.			20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)					
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			20f. CITY, TOWN, OR LOCATION		COUNTY	STATE		
21. I attended the deceased from <b>1-10-58</b> to <b>10-29-58</b> and last saw him alive on <b>10-29-58</b> Death occurred at <b>9:50 A. M.</b> on the date stated above; and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE <i>[Signature]</i> (Deponent or title)				22b. ADDRESS <b>109 N 5th Moberly Mo</b>		22c. DATE SIGNED <b>1-4-58</b>		
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>Oct. 31, 1958</b>		23c. NAME OF CEMETERY <b>Oakland</b>		23d. LOCATION (City, town, or county) (State) <b>Moberly Mo.</b>		
24. FUNERAL DIRECTOR <b>Mahan Funeral Service</b>			ADDRESS <b>Moberly</b>		25. DATE RECD. BY LOCAL REG. <b>10/31/58</b>		26. REGISTRAR'S SIGNATURE <i>[Signature]</i>	

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

**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 *John A. Green* .....

Licensed Embalmer No. *3815*.....

P. O. Address *McDonald, Pa.*

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.