

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-037455
STATE FILE NUMBER

FILED OCT 17 1958 Registration District No. 2942 Primary Registration District No. 6010 Registrar's No. 216

1. PLACE OF DEATH a. COUNTY <i>Randolph</i>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Indiana</i> b. COUNTY <i>Allen</i>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Sugar Creek</i>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN <i>Fort Wayne</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>Highway 24 West of Mabers, Ind. Inst.</i>				Length of stay in lb		d. STREET ADDRESS (If inside, give location) <i>223 1/2 East Mason</i>	
3. NAME OF DECEASED (Type or print) First <i>EDWIN</i> Middle <i>EARL</i> Last <i>BOONE</i>				4. DATE OF DEATH Month <i>Oct</i> - Day <i>9</i> - Year <i>1958</i>			
5. SEX <i>Male</i>		6. COLOR OR RACE <i>White</i>		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/>		8. DATE OF BIRTH <i>Nov-21-1910</i>	
9. AGE (In years last birthday) <i>47</i>		10. KIND OF BUSINESS OR INDUSTRY <i>Truck Driver</i>		11. BIRTHPLACE (City and state or country) <i>Missouri</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>	
13. FATHER'S NAME <i>Thomas Boone</i>				14. MOTHER'S MAIDEN NAME <i>Edith Briggs</i>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <i>No</i>				16. SOCIAL SECURITY NO. <i>306-12-3993</i>		17. INFORMANT <i>D. P. McCool Ft. Wayne Ind.</i>	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Natural Causes - Apparently heart attack - died at wheel of his truck - had medicine with him, apparently not well preserved</i> 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) _____							INTERVAL BETWEEN ONSET AND DEATH <i>Inst.</i>
20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> <i>Natural</i>			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. CITY, TOWN, OR LOCATION <i>Fort Wayne</i>			COUNTY <i>Allen</i>		STATE <i>Ind.</i>		
21. I attended the deceased from _____ and last saw her alive on _____ Death occurred at _____ on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <i>Leah H. Coover, Local Registrar</i>				22b. ADDRESS <i>Local Registrar, Mabers, Ind.</i>		22c. DATE SIGNED <i>Oct 9-58</i>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Removal</i>		23b. DATE <i>Oct-9-58</i>		23c. NAME OF CEMETERY OR CREMATORY <i>Allen County Ind.</i>		23d. LOCATION (City, town, or county) (State) <i>Fort Wayne Ind.</i>	
24. FUNERAL DIRECTOR <i>Carter Funeral Home Mabers, Ind.</i>				25. DATE RECD. BY LOCAL REC. <i>10-9-58</i>		26. REGISTRAR'S SIGNATURE <i>Leah H. Coover</i>	

Health, Welfare, Public Service
300-880
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3
All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.
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.

SEP 18 1959

OCT 1959

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 *R. M. Carter*

Licensed Embalmer No. *441*

P. O. Address *Moberly*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.