

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-000179

STATE FILE NUMBER

FILED JAN 26 1959 Registration District No. 38 Primary Registration District No. 3006 Registrar's No. 39

1. PLACE OF DEATH a. COUNTY <b>Boone.</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Pulaski</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Columbia, Missouri</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>Crocker, Missouri</b> 6250 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>University Hosp.</b>		Length of stay in 1b <b>3 days.</b>	d. STREET ADDRESS (If outside, give location) <b>None.</b> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <b>James</b> Middle <b>David.</b> Last <b>Boren.</b>			4. DATE OF DEATH Month <b>Jan</b> Day <b>21,</b> Year <b>1959</b>
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White.</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>Dec. 19, 1958</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>-----</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>-----</b>	9. AGE (In years last birthday) <b>6 wks</b> IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 24 HRS.: Hours _____ Min. _____
11. BIRTHPLACE (City and state or country) <b>Crocker, Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>James Herbert Boren</b>		13b. MOTHER'S MAIDEN NAME <b>Vivian Sue Luttrell</b>	
14. NAME OF HUSBAND OR WIFE <b>None.</b>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, or unknown) <b>No</b> (If yes, give war or dates of service)	
16. SOCIAL SECURITY NO. <b>None.</b>		17. INFORMANT <b>James H. Boren Crocker, Missouri</b> Address _____	
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>HEART FAILURE</b>			INTERVAL BETWEEN ONSET AND DEATH <b>48 hr.</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <b>CONGENITAL HEART DISEASE (CYANOTIC)</b>			<b>6 wks.</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) _____			19. WAS AUTOPSY PERFORMED? 1 YES <input checked="" type="checkbox"/> NO <input 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 _____ Month _____ Day _____ Year _____ 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	COUNTY _____ STATE _____
21. I attended the deceased from <b>1-19-59</b> to <b>1-21-59</b> and last saw <sup>her</sup> alive on <b>1-21-59</b> Death occurred at <b>11:00</b> <sup>Am</sup> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <b>Jan Van Leeman MD</b> (Degree or title)		22b. ADDRESS <b>Columbia, Missouri</b>	22c. DATE SIGNED <b>1/22/59</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	23b. DATE <b>1/24/59</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Crocker Memorial Cemet.</b>	23d. LOCATION (City, town, or county) (State) <b>Crocker, Mo</b>
24. FUNERAL HOME ADDRESS <b>137 Hedge Road and Hill</b>		25. DATE RECD. BY LOCAL REG. <b>Jan. 22 1959</b>	26. REGISTRAR'S SIGNATURE <b>Miss R. E. Palmer</b>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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 *Clarence Throck* .....

Licensed Embalmer No. *4896* .....

P. O. Address *Waynesville, N.C.* .....

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.