

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-014199

STATE FILE NUMBER

FILED APR 23 1959

Registration District No. 234 Primary Registration District No. 4349 Registrar's No. 7

300
1-57

1. PLACE OF DEATH a. COUNTY <u>MORGAN</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>MORGAN</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>STOVER</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>STOVER</u> ⁰⁷¹⁰ Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>4th St.</u>		Length of stay in 1b <u>20 yrs.</u>	d. STREET ADDRESS (If outside, give location) <u>4th St.</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <u>WALTER</u> Middle <u>JAMES</u> Last <u>BOATWRIGHT</u>			4. DATE OF DEATH Month <u>April</u> Day <u>14</u> Year <u>1959</u>	
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>APRIL 28 1896</u>	9. AGE (In years last birthday) <u>62</u> IF UNDER 1 YEAR Month <u>11</u> Day <u>76</u> Hours <u></u> Min. <u></u>

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>LABORER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>ST. HEALY DEPT.</u>	11. BIRTHPLACE (City and state or country) <u>Benton County Mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA.</u>
13a. FATHER'S NAME <u>JAMES BOATWRIGHT</u>		13b. MOTHER'S MAIDEN NAME <u>MARY BRADEN</u>		14. NAME OF HUSBAND OR WIFE <u>BLANCH BOATWRIGHT</u>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year and dates of service) <u>yes World War I</u>		16. SOCIAL SECURITY NO. <u>487-20-2442</u>		17. INFORMANT <u>BLANCH BOATWRIGHT</u> Address <u>STOVER MO.</u>

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Acute Coronary Occlusion</u>			INTERVAL BETWEEN ONSET AND DEATH <u>2 hrs</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <u>Coronary Insufficiency</u>		<u>2 yrs</u>
	DUE TO (c) <u>Arteriosclerosis (generalized)</u>		<u>years</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>4201</u>			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 <u></u> Month, Day, Year <u></u> a.m. <u></u> p.m. <u></u>					
20d. INJURY OCCURRED WHILE AT <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 July 1950 to April 14, 1959 and last saw ^{her} him alive on April 14, 1959
Death occurred at 9:45 AM on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <u>J. L. Washburn M.D.</u> (Degree or title)	22b. ADDRESS <u>Versailles, Mo</u>	22c. DATE SIGNED <u>4/16/1959</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	23b. DATE <u>APRIL 16 1959</u>	23c. NAME OF CEMETERY OR CREMATORY <u>STOVER CEMETERY</u>	23d. LOCATION (City, town, or county) (State) <u>STOVER Mo.</u>
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24. FUNERAL DIRECTOR <u>J. L. Washburn</u> ADDRESS <u>Stover Mo</u>	25. DATE RECD. BY LOCAL REG. <u>4/12/1959</u>	26. REGISTRAR'S SIGNATURE <u>Wm. L. Kippinger</u>
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

APR 24 1959

APR 23 1959

MS
MAR
3 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 *J. H. Stevenson*

Licensed Embalmer No. *4073*
P. O. Address *Stover 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.