

# MARI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

# 59-024491

FILED VS JUL 23 1959 *7*

Registration District No. *3014*

Registrar's No. *88*

STATE FILE NUMBER

|  |   |   |   |  |   |  |   |
|--|---|---|---|--|---|--|---|
| 1. PLACE OF DEATH<br>COUNTY <b>Clay</b>  |   |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>Missouri</b> b. COUNTY <b>Clay</b> |  |   |  |   |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <b>Liberty</b>  |   | Length of stay in 1b<br><b>25 Yrs.</b>  |   | c. CITY OR TOWN <b>Liberty</b>   |   | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>   |   |
| 5. FULL NAME OF (if NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <b>133 Lincoln St.</b>  |   |   | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  |  | d. STREET ADDRESS (If outside, give location)<br><b>133 Lincoln St.</b>   |  | Reside on Farm<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| 3. NAME OF DECEASED (Type or print)<br>First <b>Roy</b> Middle <b>L.</b> Last <b>Boswell</b>   |   |   | 4. DATE OF DEATH<br>Month <b>July</b> Day <b>13</b> Year <b>1959</b>  |  |   |  |   |
| 5. SEX <b>Male</b>   | 6. COLOR OR RACE <b>White</b>   | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> |   | 8. DATE OF BIRTH <b>Oct. 16, 1884</b>  | 9. AGE (last birthday) <b>74</b>  | IF UNDER 1 YEAR<br>Months <input type="checkbox"/> Days <input type="checkbox"/>   | IF UNDER 24 HR<br>Hours <input type="checkbox"/> Min. <input type="checkbox"/>        |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Salesman</b>   |   | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>Automobile</b>  |   | 11. BIRTHPLACE (City and state or country)<br><b>Henderson, Iowa</b>                         |   | 12. CITIZEN OF WHAT COUNTRY<br><b>U.S.A.</b>   |   |
| 13a. FATHER'S NAME<br><b>Luther Boswell</b>  |   |   | 13b. MOTHER'S MAIDEN NAME<br><b>Anna Newman</b>   |  | 14. NAME OF HUSBAND OR WIFE<br><b>Emma Nelson Boswell</b>                 |  |   |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES?<br>(Yes, no, or unknown) (If yes, give war or dates of service)<br><b>No</b>   |   |   | 16. SOCIAL SECURITY NO.<br><b>495-07-2027</b>   |  | 17. INFORMANT<br>Address<br><b>Howard Boswell Warrensburg, Mo.</b>        |  |   |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY:   |   |   |   |  |   | INTERVAL BETWEEN ONSET AND DEATH   |   |
| IMMEDIATE CAUSE (a) <b>Cerebral Anoxia</b>   |   |   |   |  |   | <b>12 hrs.</b>   |   |
| DUE TO (b) <b>Bronchopneumonia</b>   |   |   |   |  |   | <b>2 weeks</b>   |   |
| DUE TO (c) <b>Pulmonary Emphysema &amp; Chronic bronchitis</b>   |   |   |   |  |   | <b>20 yrs</b>  |   |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)<br><b>Cor pulmonale.</b>   |   |   |   |  |   | PART III. If deceased was female was there a pregnancy in last 90 days.<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |   |
| 19. WAS AUTOPSY PERFORMED?<br>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<br>Hour <input type="checkbox"/> a.m. <input type="checkbox"/> 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>April 1958</b> to <b>July 13, 1959</b> and last saw <b>him</b> alive on <b>July 10, 1959</b><br>Death occurred at <b>5:45</b> A <b>m</b> on the date stated above, and to the best of my knowledge from the causes stated. |   |   |   |  |   |  |   |
| 22a. SIGNATURE<br><b>R.P. Boswell, MD</b>  |   |   |   | 22b. ADDRESS<br><b>Liberty, Missouri</b>   |   | 22c. DATE SIGNED<br><b>7/13/59.</b>  |   |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Burial</b>   |   | 23b. DATE<br><b>July 15, 1959</b>   | 23c. NAME OF CEMETERY OR CREMATORY<br><b>Fairview Cemetery</b>  |  | 23d. LOCATION (City, town, or county) (State)<br><b>Liberty, Missouri</b> |  |   |
| 24. FUNERAL DIRECTOR<br><b>Church-Becker Co. Liberty, Mo.</b>  |   |   |   | 25. DATE RECD. BY LOCAL REG.<br><b>7-16-59</b>   |   | 26. REGISTRAR'S SIGNATURE<br><b>Mabel Graham</b>   |   |

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by \_\_\_\_\_  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed John Lomborg

Licensed Embalmer No. 4448

P. O. Address Liberty

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.