

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS OCT 8 1959

59-031392

STATE FILE NUMBER

Registration District No. 11 Primary Registration District No. 4024 Registrar's No. 76

1. PLACE OF DEATH a. COUNTY Barry			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Barry				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Cassville		Length of stay in 1b 1 month		c. CITY OR TOWN Cassville		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Barry County Rest Home			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 			Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First ELISABETH Middle BOSTON Last 				4. DATE OF DEATH October 1, 1959 Month October Day 1 Year 1959			
5. SEX female	6. COLOR OR RACE white	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 9-12-1900	9. AGE (last birthday) 59	IF UNDER 1 YEAR Months Days Hours Min. 	IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10b. KIND OF BUSINESS OR INDUSTRY home		11. BIRTHPLACE (City and state or country) Pennsylvania		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME unknown			13b. MOTHER'S MAIDEN NAME unknown		14. NAME OF HUSBAND OR WIFE John Boston		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. no		17. INFORMANT Address John Boston-Cassville, Missouri			
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>Internal hemorrhage</u>						INTERVAL BETWEEN ONSET AND DEATH <u>Immediate</u>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____						DUE TO (c) <u>Metastatic carcinoma (from uterus)</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (e)						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
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. Month, Day, Year _____							
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 <u>Jan-31, 1958</u> to <u>Oct. 1, 1959</u> and last saw her alive on <u>Oct. 1, 1959</u> Death occurred at <u>710 A</u> m on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <u>May Newman</u> (Degree or title) <u>MO.</u>			22b. ADDRESS <u>Cassville, Mo.</u>			22c. DATE SIGNED <u>10-2-59</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 10-1-1959	23c. NAME OF CEMETERY OR CREMATORY Pratt Cemetery		23d. LOCATION (City, town, or county) (State) Pea Ridge, Arkansas		
24. FUNERAL DIRECTOR Culver's ADDRESS Cassville, Mo.		25. DATE RECD. BY LOCAL REG. Oct 2 - 1959		26. REGISTRAR'S SIGNATURE <u>Grace Williams</u>			

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 _____, Student Embalmer No. _____
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

No Embalming done
Signed _____

Licensed Embalmer No. _____

P. O. Address _____

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