

DEPARTMENT OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-038693

FILED VS NOV 3 1959

360

6225

176

STATE FILE NUMBER

Registration District No. _____ Primary Registration District No. _____ Registrar's No. _____

1. PLACE OF DEATH a. COUNTY Vernon				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Greene				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Washington Township		Length of stay in lb 1 Mo. 29 Da.		c. CITY OR TOWN Springfield		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION State Hospital No. 3			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 1136 N. West Avenue		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First William Middle Marion Last Boatman				4. DATE OF DEATH Month October Day 27 Year 1959				
5. SEX Male	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 10-7-1884	9. AGE (last birthday) 75	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) Unknown			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Dixon, Missouri		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME George Boatman			13b. MOTHER'S MAIDEN NAME Lizzie Lawson			14. NAME OF HUSBAND OR WIFE Mary Ellen Boatman		
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. 702-03-9547		17. INFORMANT Address Records-State Hospital #3, Nevada, Mo.			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:							INTERVAL BETWEEN ONSET AND DEATH	
IMMEDIATE CAUSE (a) Coronary Occlusion							20 Minutes	
DUE TO (b) Generalized Arteriosclerosis							Years	
DUE TO (c) _____								
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)						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 8-28-59 to 10-27-59 and last saw him alive on 10-27-59 Death occurred 12:55 p. m. on the date stated above, and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE <i>George Esker</i> (Degree or title)				22b. ADDRESS State Hospital No. 3 Nevada, Missouri		22c. DATE SIGNED 10-27-59		
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 1959 October 29	23c. NAME OF CEMETERY OR CREMATORY Pisgah Cemetery		23d. LOCATION (City, town, or county) Pulaski County Missouri				
24. FUNERAL DIRECTOR Ferry Funeral Home Nevada, Missouri				25. DATE RECD. BY LOCAL REG. Oct 31 - 1959		26. REGISTRAR'S SIGNATURE <i>Anna J. Cherry</i>		

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

9561 7 NOV 59 SA

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 JAMES DOUGLAS GRISWOLD, Student Embalmer No. 59
working under my personal supervision.

Student

James Douglas Griswold
Signature of Student Embalmer

Signed

L. Douglas Ferry

Licensed Embalmer No.

4960

P. O. Address

Menasha, W.

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.