

R I DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-043134

FILED VS NOV 18 1960

292 Primary Registration District No. 4435 Registrar's No.

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Ralls,			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO b. COUNTY Ralls.			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Perry, Missouri.		Length of stay in 1b	c. CITY OR TOWN Perry, Missouri.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Perry, Missouri.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Perry, Missouri.		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First EMETT Middle D. Last BOAZ.			4. DATE OF DEATH Month 11 Day 11 Year 1960			
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 7-6-1881	9. AGE (last birthday) 79	10. IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter.		10b. KIND OF BUSINESS OR INDUSTRY Building	11. BIRTHPLACE (City and state or country) Audrain Co., Mo.		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME Thomas L. Boaz.		13b. MOTHER'S MAIDEN NAME Letitsia Allison.		14. NAME OF HUSBAND OR WIFE Elsa Boaz.		
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. 480-07-7627	17. INFORMANT Elsa Boaze.		Address Perry, 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) Gastric Hemorrhage				INTERVAL BETWEEN ONSET AND DEATH 4 hr	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (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)				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 Nov. 3, 1960 to Nov. 13 and last saw him alive on Nov. 11 . Death occurred at 1:45 A. m on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE E. T. Swan (Degree or title) D.O.			22b. ADDRESS Perry, Missouri.		22c. DATE SIGNED 11-8-60
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 11-8-60	23c. NAME OF CEMETERY OR CREMATORY Lickcreek Cemetery,		23d. LOCATION (City, town, or county) (State) Perry, Mo.	
24. FUNERAL DIRECTOR W. C. Wines Perry, Mo		25. DATE RECD. BY LOCAL REG. 11-8-1960	26. REGISTRAR'S SIGNATURE W. C. Wines		

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

Student _____
Signature of Student Embalmer

Signed Clyde C. Leakey

Licensed Embalmer No. 3820.

P. O. Address Perry, Mo.

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.