

FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-044814

FILED VS DEC 5 1960

Registration District No. 326 Primary Registration District No. 4481 Registrar's No. 2

STATE FILE NUMBER

INDEXED

1. PLACE OF DEATH a. COUNTY <b>Scotland</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo.</b> b. COUNTY <b>Scotland</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Corin</b>		Length of stay in 1b <b>30 years</b>	c. CITY OR TOWN <b>Corin</b> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <b>Hilda</b> Middle <b>Boshears</b> Last			4. DATE OF DEATH Month <b>Nov.</b> Day <b>29</b> Year <b>1960</b>		
5. SEX <b>F</b>	6. COLOR OR RACE <b>W</b>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>2/1/1872</b>	9. AGE (last birthday) <b>88</b>	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) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <b>Frankford, Mo.</b>		12. CITIZEN OF WHAT COUNTRY <b>U. S. A.</b>
13a. FATHER'S NAME <b>Henry Hostetter</b>		13b. MOTHER'S MAIDEN NAME <b>Elizabeth Burrows</b>		14. NAME OF HUSBAND OR WIFE <b>James Boshears</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO.		17. INFORMANT Address <b>Mrs. Mae Melany Corin, Missouri</b>	

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) <b>Chronic Myocarditis</b>			<b>5 yrs</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <b>arterosclerosis</b>		<b>10 yrs</b>
	DUE TO (c) <b>Chronic Glomerular Nephritis</b>		<b>3 yr</b>
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 <b>1950</b> to <b>Nov 29, 1960</b> and last saw her alive on <b>Nov. 29, 1960</b> Death occurred at <b>11:15 A.M.</b> on the date stated above, and to the best of my knowledge, from the causes stated.			

22a. SIGNATURE (Degree or title) <b>L. M. Simler D.O.</b>		22b. ADDRESS <b>Corin Mo</b>		22c. DATE SIGNED <b>Dec. 1, 1960</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>Dec. 1, 1960</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Frankford Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>Frankford, Missouri</b>	
24. FUNERAL DIRECTOR ADDRESS <b>Yerth &amp; Bassett Murphy Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>12-1-60</b>	26. REGISTRAR'S SIGNATURE <b>Hera G. Purnee</b>	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

MAR 2 1961

**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 George F. Geith

Licensed Embalmer No. 509

P. O. Address Memph

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.