

URI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEC 27 1960

-60-045340

STATE FILE NUMBER

Registration District No. 53 Primary Registration District No. 3010 Registrar's No. 498

1. PLACE OF DEATH a. COUNTY <u>CAPE GIRARDEAU</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>ST. LOUIS</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>CAPE GIRARDEAU</u>		Length of stay in 1b <u>5 MONS.</u>		c. CITY OR TOWN <u>ST. LOUIS, MISSOURI</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If not in hospital, give location) HOSPITAL OR INSTITUTION <u>MAPLE CREST NURSING HOME</u>				d. STREET ADDRESS (If outside, give location) <u>7074 RAYMOND</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last <u>CLYDE T. BOSTON</u>			4. DATE OF DEATH Month Day Year <u>DEC 13 1960</u>				
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>2-28-1898</u>	9. AGE (last birthday) <u>62</u>	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>PRESS-MACHINE OPERATOR SHEET METAL</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>MORLEY, MO.</u>		12. CITIZEN OF WHAT COUNTRY <u>U. S. A.</u>		
13a. FATHER'S NAME <u>GEORGE T. BOSTON</u>			13b. MOTHER'S MAIDEN NAME <u>SUSAN BOWMAN</u>		14. NAME OF HUSBAND OR WIFE <u>ERA BOSTON</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>494-05-3052</u>		17. INFORMANT <u>FRED WITHROW 735 MORLEY CAPE GIRARDEAU, MO.</u>			
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) <u>Inanition and Dehydration</u>						<u>6 wks.</u>	
DUE TO (b) <u>carcinoma of stomach</u>						<u>unknown</u>	
DUE TO (c) _____							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Hemiplegia, left</u>						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>7/6/60</u> , to <u>12/13/60</u> and last saw <sup>him</sup> <del>her</del> alive on <u>12/10/60</u> Death occurred at <u>1:30 a.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <u>Fred M. Hoxworth, M.D.</u>			22b. ADDRESS <u>24 North Sprigg Cape Girardeau, Missouri</u>			22c. DATE SIGNED <u>12/15/60</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		23b. DATE <u>12-14-1960</u>		23c. NAME OF CEMETERY OR CREMATORY <u>OLD MORLEY CEMETERY</u>		23d. LOCATION (City, town, or county) <u>MORLEY, MISSOURI</u>	
24. FUNERAL DIRECTOR <u>EARL J. SMITH, ORAN, MO.</u>			25. DATE RECD. BY LOCAL REG. <u>12-20-60</u>		26. REGISTRAR'S SIGNATURE <u>James Kasten</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 \_\_\_\_\_  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

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

Signed Carl J. Smith

Licensed Embalmer No. 3676

P. O. Address Olney, Mo.

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.