

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

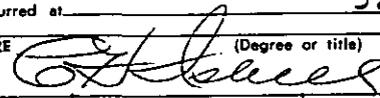
-61-001904

FILED VS JAN 18 1961

Registration District No. 157 Primary Registration District No. 5585 Registrar's No. 6

STATE FILE NUMBER

AMENDED

1. PLACE OF DEATH a. COUNTY <b>Jasper</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo.</b> b. COUNTY <b>Jasper</b>									
b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN <b>Madison</b>		Length of stay in 1b <b>10 yrs</b>		c. CITY OR TOWN <b>Carthage</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>							
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Rte. 3, Carthage</b>			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (if outside, give location) <b>Rte. 3, Carthage</b>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
3. NAME OF DECEASED (Type or print) First <b>Mary</b> Middle <b>Maud</b> Last <b>Boots</b>				4. DATE OF DEATH Month <b>Jan.</b> Day <b>10</b> Year <b>1961</b>									
5. SEX <b>female</b>		6. COLOR OR RACE <b>white</b>		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <b>2-15-87</b>		9. AGE (last birthday) <b>73</b>		IF UNDER 1 YEAR Months Days		IF UNDER 24 HR 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 <b>home</b>		11. BIRTHPLACE (City and state or country) <b>Proctor, Mo.</b>		12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>					
13a. FATHER'S NAME <b>Robert Ward</b>				13b. MOTHER'S MAIDEN NAME <b>Ella Bowers</b>				14. NAME OF HUSBAND OR WIFE <b>Oscar Boots</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. <b>none</b>		17. INFORMANT Address <b>Mrs. C. J. Arney, Carthage, Mo.</b>							
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Uremia</b> DUE TO (b) <b>Chronic nephritis</b> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.										INTERVAL BETWEEN ONSET AND DEATH <b>years ?</b>			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Cerebral and generalized arteriosclerosis</b>								PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown					
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input 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>5/9/49</b> to <b>1/10/61</b> and last saw her <b>1/4/61</b> Death occurred at <b>5:25 A.</b> m on the date stated above, and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE  (Degree or title)						22b. ADDRESS <b>N.D., Carthage, Mo.</b>				22c. DATE SIGNED <b>1/11/61</b>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>		23b. DATE <b>Jan. 12, '61</b>		23c. NAME OF CEMETERY OR CREMATORY <b>Versailles Cemetery</b>		23d. LOCATION (City, town, or county) <b>Versailles</b>		Mo.					
24. FUNERAL DIRECTOR <b>The Ulmer Funeral Home, Carthage, Mo.</b>					ADDRESS <b>1-11-61</b>		25. DATE RECD. BY LOCAL REG.		26. REGISTRAR'S SIGNATURE 				

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS  
 DATE AMENDED  
 INSTEAD OF  
 DOCUMENT  
 MEDICAL CERTIFICATION  
 SHOULD READ  
 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 me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

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

Signed Melvin C. Gavett

Licensed Embalmer No. 5131

P. O. Address Carthage, 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.