

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-002046

FILED VS FEB

STATE FILE NUMBER

AMENDED

8-1961 Registration District No. 172 Primary Registration District No. 4269 Registrar's No. 9

1. PLACE OF DEATH a. COUNTY Lafayette		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Lafayette	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Corder		Length of stay in 1b 53 yrs.	c. CITY OR TOWN Corder Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Home		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Home Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last CLAUDE JAMES BOSWELL			4. DATE OF DEATH Month Day Year I 28 1961
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH I-20-1873
9. AGE (last birthday) 88		IF UNDER 1 YEAR Months 0 Days 8	IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Nite watchman		10b. KIND OF BUSINESS OR INDUSTRY City of Corder	11. BIRTHPLACE (City and state or country) Sweet Springs, Mo.
12. CITIZEN OF WHAT COUNTRY USA		13a. FATHER'S NAME Francis M. Boswell	
13b. MOTHER'S MAIDEN NAME Alice Ferguson		14. NAME OF HUSBAND OR WIFE Helen Sutton Boswell Dec.	
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. 	17. INFORMANT Address Alice Caruthers Corder, 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) Medallary Failure Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Thrombotic encephalomalacia DUE TO (c) Arterio Sclerosis			INTERVAL BETWEEN ONSET AND DEATH 19R
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. 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 December 3, 1959 to January 28, 1961 and last saw ^{him} alive on Jan. 28, 1961 Death occurred at 11:45 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (If Reg. or title) Edwin Wilson D.O.		22b. ADDRESS 1815 Main - Higginsville Mo	22c. DATE SIGNED 1/31/61
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE I-30-1961	23c. NAME OF CEMETERY OR CREMATORY Calvary	23d. LOCATION (City, town, or county) (State) Corder, Missouri
24. FUNERAL DIRECTOR ADDRESS Forrest A. Hoefler Higginsville, Mo.		25. DATE RECD. BY LOCAL REG. Feb - 1st 1961	26. REGISTRAR'S SIGNATURE Lutie Gordon Jordan

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT MEDICAL CERTIFICATION BY AFFIDAVIT OF

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 Forrest R. Haefler

Licensed Embalmer No. 4801

P. O. Address Higginsville, 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.