

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-008462

STATE FILE NUMBER

Registration District No. 137 Primary Registration District No. 0 Registrar's No. 59

AMENDED

FILED APR 14 1961

DATE AMENDED

|  |  |   |  |
|--|--|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Grundy</u>   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <u>Mo</u> b. COUNTY <u>Grundy</u> |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Trenton</u>           | Length of stay in 1b <u>unknown</u>                                    | c. CITY OR TOWN <u>Trenton</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>Route 7</u> | Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/> | d. STREET ADDRESS (If outside, give location) <u>Route 7</u>  | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |

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|---|---|
| 3. NAME OF DECEASED (Type or print)<br>First <u>Audrey</u> Middle <u>D</u> Last <u>Boon</u> | 4. DATE OF DEATH<br>Month <u>MAR</u> Day <u>31</u> Year <u>1961</u> |
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|                    |                               |   |                                  |                                  |   |  |
|--------------------|-------------------------------|---|----------------------------------|----------------------------------|---|--|
| 5. SEX <u>male</u> | 6. COLOR OR RACE <u>white</u> | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH <u>6/9/1892</u> | 9. AGE (last birthday) <u>68</u> | IF UNDER 1 YEAR<br>Months <u>  </u> Days <u>  </u> Hours <u>  </u> Min. <u>  </u> | IF UNDER 24 HR<br>Hours <u>  </u> Min. <u>  </u> |
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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>taxi driver</u> | 10b. KIND OF BUSINESS OR INDUSTRY <u>Transportation</u> | 11. BIRTHPLACE (City and state or country) <u>Grundy Co. Mo</u> | 12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u> |
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| 13a. FATHER'S NAME <u>Augusta Boon</u> | 13b. MOTHER'S MAIDEN NAME <u>unknown</u> | 14. NAME OF HUSBAND OR WIFE <u>Bessie Boon</u> |
|--|--|--|

|   |                                   |  |
|---|-----------------------------------|--|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>yes WWI</u> | 16. SOCIAL SECURITY NO. <u>  </u> | 17. INFORMANT <u>Bessie Boon</u> Address <u>Route 7 Trenton Mo</u> |
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| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <u>Coronary Thrombosis</u> |  | INTERVAL BETWEEN ONSET AND DEATH<br><u>2 hrs</u>   |
| DUE TO (b) <u>arteriosclerosis</u>   |  |  |
| DUE TO (c) <u>  </u>   |  |  |
| 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.<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |

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| 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.) |
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| 20c. TIME OF INJURY<br>Hour <u>  </u> a.m. <u>  </u> p.m. <u>  </u><br>Month, Day, Year <u>  </u> | 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> | 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | 20f. CITY, TOWN, OR LOCATION <u>  </u> COUNTY <u>  </u> STATE <u>  </u> |
|---|---|--|---|

21. I attended the deceased from March 31-1961 to March 31-1961 and last saw her/him alive on March 31-1961  
Death occurred at    m on the date stated above, and to the best of my knowledge, from the causes stated.

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|--|----------------------------------|--------------------------------|
| 22a. SIGNATURE (Degree or title) <u>B. H. Cullers M.D.</u> | 22b. ADDRESS <u>Trenton, Mo.</u> | 22c. DATE SIGNED <u>4-1-61</u> |
|--|----------------------------------|--------------------------------|

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| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 23b. DATE <u>April 3-61</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>Tolle Cemetery</u> | 23d. LOCATION (City, town, or county) (State) <u>Trenton Route 3 Mo.</u> |
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| 24. FUNERAL DIRECTOR <u>J. Gordon Blackmore</u> ADDRESS <u>Trenton Mo</u> | 25. DATE RECD. BY LOCAL REG. <u>April 1-1961</u> | 26. REGISTRAR'S SIGNATURE <u>Jane Fair</u> |
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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

MS APR 14 1961

AUG 22 1961

AUG 15 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 me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed

*Charles H. Carbal Jr.*

Licensed Embalmer No.

*4986*

P. O. Address

*Junior, 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.