

MOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

61-020275
STATE FILE NUMBER

Registration District No. 10 Primary Registration District No. 1033 Registrar's No. 132

AMENDED

FILED JUN 28 1961

1. PLACE OF DEATH a. COUNTY AUDRAIN		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO. b. COUNTY AUDRAIN	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN LCUTRE		Length of stay in 1b Minutes	c. CITY OR TOWN MEXICO Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Scotts Corner		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 420 E W. Teal Lake Road Reside on Farm Address <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First LEE Middle FERRY Last BOSWELL	4. DATE OF DEATH Month JUNE Day 22 Year 1961
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5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH Mar. 17, 19 42yrs.	9. AGE (last birthday) IF UNDER 1 YEAR Months Days IF UNDER 24 HR Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Contractor	10b. KIND OF BUSINESS OR INDUSTRY Construction	11. BIRTHPLACE (City and state, or country) Audrain County, Mo.	12. CITIZEN OF WHAT COUNTRY U.S.A.
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13a. FATHER'S NAME Charles Boswell	13b. MOTHER'S MAIDEN NAME Marylee Ferry	14. NAME OF HUSBAND OR WIFE Evelyn Boswell
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15. WAS DECEASED EVER IN U.S. ARMED FORCES (Yes, no, or unknown) (If yes, give war or days of service) No	17. INFORMANT Address Mrs. Evelyn Boswell, Mexico, Mo.
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Chest & Head Injury, Burns		INTERVAL BETWEEN ONSET AND DEATH None
DUE TO (b) Crushed in automobile accident		Instant
DUE TO (c) Vehicle caught fire on impact & burned		

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) One car accident. Lost control of 59 Ford Ranchero. Crashed into bank & burned.	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
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input checked="" 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.) Unable to remove victim until consumed.
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20c. TIME OF INJURY 1:30 A	Hour 6-22-61 Month, Day, Year
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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.) Junction 54 & 19 Hi-Ways Scotts Corner Audrain Mo.	20f. CITY, TOWN, OR LOCATION Audrain Mo.	COUNTY Audrain	STATE Mo.
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21. I attended the deceased from Inv. by Coroner, at time of accident, or alive on No Inquest.
Death occurred at 1:30 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Z. Ray Vance, Acting Coroner	22b. ADDRESS 205 So. Clark, Mexico, Mo.	22c. DATE SIGNED 6-23-61
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23a. BURIAL, CREMATION, REMOVAL (specify) Burial	23b. DATE June 24, 61	23c. NAME OF CEMETERY OR CREMATORY East Lawn	23d. LOCATION (City, town, or county) (State) Mexico, Mo.
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24. FUNERAL DIRECTOR Frecht-Hueston, Mexico, Mo.	25. DATE RECD. BY LOCAL REG. June 23-1961	26. REGISTRAR'S SIGNATURE Blanche Neely
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

JUL 11 1961

JUL 14 1961

JUL 21 1961

APR 26 1962

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 Earl E. Pichler

Licensed Embalmer No. 3189

P. O. Address Mexico, 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.