

SOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-045674

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

Registration District No. 248 Primary Registration District No. 5844 Registrar's No. 21

AMENDED

FILED JAN 9 1962

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY Newton		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Newton	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Seneca, rte 1		c. CITY OR TOWN Seneca	
Length of stay in 1b 6 yrs.		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 7 mi. SE of Seneca		d. STREET ADDRESS (If outside, give location) 7 mi. SE of Seneca	
Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last John Wilkerson Boman			4. DATE OF DEATH Month Day Year Dec. 28, 1961
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 Dec. 17, 1878
10a. USUAL OCCUPATION (Give kind of work done during most of work life, say if retired) farmer operator		10b. KIND OF BUSINESS OR INDUSTRY McDonald Co., Missouri	11. BIRTHPLACE (City and state or country) U.S.A.
13a. FATHER'S NAME Jefferson Davis Boman		13b. MOTHER'S MAIDEN NAME Mary Ann Stevens	14. NAME OF HUSBAND OR WIFE Rosa
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. None	
17. INFORMANT Willis Boman, rte 1, Seneca, Mo.		Address	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Chronic Myocarditis			INTERVAL BETWEEN ONSET AND DEATH 1 yr
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Senility			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 Sept. 3:00 A.M. to Dec. 1961 and last saw him alive on Dec. 26-61		Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE (Degree or title) Leo O. Hickay, D.O.		22b. ADDRESS Seneca, Mo.	22c. DATE SIGNED 12-28-61
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Dec. 30, 61	23c. NAME OF CEMETERY OR CREMATORY Swars Prairie Bapt. Cem.	23d. LOCATION (City, town, or county) (State) Newton Co., Missouri
24. FUNERAL DIRECTOR W. E. Edlecom	ADDRESS Seneca Mo	25. DATE RECD. BY LOCAL REG. 1-23-1962	26. REGISTRAR'S SIGNATURE Mrs. Irene Russell

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 W E Biddlecome

Licensed Embalmer No. 2174

P. O. Address Seneca 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.

[Handwritten scribbles and markings at the bottom of the page]