

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-011570

STATE FILE NUMBER

Registration District No. 156 Primary Registration District No. 2001 Registrar's No. 156

FILED MAR 19 1962

DO NOT WRITE ON THIS STUB

AMENDED

VS 300 Rev. 4/59

6499
30499

DATE AMENDED
4-26-62

3
4 1
5 1
6
7 0
8 1
9 5810
10
11
123-0
132-0

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

3 days

DOCUMENT

BY AFFIDAVIT OF attending physician

MEDICAL CERTIFICATION

USE BLACK INK OR TYPEWRITER RIBBON

ITEM NO. SHOULD READ

Part II

1. PLACE OF DEATH a. COUNTY JASPER		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY JASPER	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN JOPLIN		Length of stay in 1b 7 DAYS	c. CITY OR TOWN JOPLIN Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION ST JOHNS HOSPITAL		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 2430 ANNIE BAXTER AVE. Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First FRANCES Middle V. Last BOATRIGHT		4. DATE OF DEATH Month MARCH Day 10 Year 1962	
5. SEX FEMALE	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 11/15/1909
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (last birthday) 52 IF UNDER 1 YEAR Months Days Hours IF UNDER 24 HR Min.
11. BIRTHPLACE (City and state or country) JOPLIN, MISSOURI		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME J.R. HILL		13b. MOTHER'S MAIDEN NAME PEARL WILSON	14. NAME OF HUSBAND OR WIFE BURTON BOATRIGHT
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 BURTON BOATRIGHT Address 2430 ANNIE BAXTER AVE.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cirrhosis of liver DUE TO (b) Probably influenzal DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			INTERVAL BETWEEN ONSET AND DEATH 2 weeks 3 months
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Exploratory laparotomy 3 days prior to death.			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 checked="" 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 JOPLIN MISSOURI	
21. I attended the deceased from 2-23-62 to 3-10-62 and last saw her alive on 3-10-62 Death occurred at 4:45 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <i>W. L. L. L.</i>		22b. ADDRESS 2509 Jackson, Joplin, Mo.	22c. DATE SIGNED 3-13-62
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 3/13/62	23c. NAME OF CEMETERY OR CREMATORY OSBORNE CEMETERY	23d. LOCATION (City, town, or county) (State) JOPLIN MISSOURI
24. FUNERAL DIRECTOR HURLBUT-GLOVER MORTUARY, JOPLIN, MISSOURI		25. DATE RECD. BY LOCAL REG. 3-14-1962	
26. REGISTRAR'S SIGNATURE <i>Dove Merriam</i>			

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 Lyman R. Cunningham

Licensed Embalmer No. 4969

P. O. Address Joplin, 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.