

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-017762

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 360 Primary Registration District No. 3076 Registrar's No. 77

FILED APR 17 1962

VS 300
Rev. 4/59

1 1285

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

| | | | |
|---|---|--|--|
| 1. PLACE OF DEATH a. COUNTY Vernon | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Vernon | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Nevada | | Length of stay in 1b 6 weeks | c. CITY OR TOWN Bronaugh |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Nevada City Hos pital | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | d. STREET ADDRESS (If outside, give location) ----- |
| 3. NAME OF DECEASED (Type or print) First EMMETT Middle WYLIE Last BOATRIGHT | | 4. DATE OF DEATH Month April Day 4 Year 1962 | |
| 5. SEX M | 6. COLOR OR RACE wh | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH 12-23-1881 |
| 9. AGE (last birthday) 80 | | IF UNDER 1 YEAR Months 0 Days 0 Hours 0 Min. 0 | IF UNDER 24 HR Hours 0 Min. 0 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farming | | 10b. KIND OF BUSINESS OR INDUSTRY retired | 11. BIRTHPLACE (City and state or country) Madison County Kentucky |
| 12. CITIZEN OF WHAT COUNTRY U. S. A. | | 13a. FATHER'S NAME John W. Boatright | |
| 13b. MOTHER'S MAIDEN NAME Frances Wylie | | 14. NAME OF HUSBAND OR WIFE Mrs. Pearl 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. ----- | |
| 17. INFORMANT Mrs. Pearl Boatright, Bronaugh, Missouri | | 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) Primary carcinoma of the head of the pancreas | | | INTERVAL BETWEEN ONSET AND DEATH 2 mos. |
| 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) Operated Mar. 13, 1962, found to have carcinoma of head of pancreas, far advanced. Gallbladder diseased good but thin. Catheter sutured to G.B. & drained. | | | 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 ----- Month, Day, Year ----- a.m. ----- p.m. ----- | | 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 February 20, 1962 , to April 4, 1962 and last saw him alive on April 4, 1962 Death occurred at Nevada, Missouri 8:45 P.m. on the date stated above, and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE R. B. Wray, M.D., F.I.C.S. (Degree or title) | | 22b. ADDRESS Moore Building, Nevada, Mo. | |
| 22c. DATE SIGNED 4/6/1962 | | | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) burial | 23b. DATE April 7, 1962 | 23c. NAME OF CEMETERY OR CREMATORY Deerfield Cemetery | |
| 23d. LOCATION (City, town, or county) (State) Deerfield, Missouri | | | |
| 24. FUNERAL DIRECTOR Ferry Funeral Home, Nevada, Missouri | | 25. DATE RECD. BY LOCAL REG. 4-14-1962 | |
| | | 26. REGISTRAR'S SIGNATURE Arma E. Jerry | |

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: *S. Douglas Ferry*

Licensed Embalmer No. 4960

P. O. Address Nevada, Missouri

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.