

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-018325

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 58 Primary Registration District No. 574 Registrar's No. 64

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

FILED JUN 8 1962

VS 300
Rev. 4/59

1 0180

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12 90-3

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

| | | | |
|---|---|---|--|
| 1. PLACE OF DEATH | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) | |
| a. COUNTY Carter | | a. STATE Missouri b. COUNTY Carter | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Johnson | | c. CITY OR TOWN Ellsinore | |
| Length of stay in lb 8 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 Rt. 3 Ellsinore, Mo. | | d. STREET ADDRESS (If outside, give location) Route 3 | |
| 3. NAME OF DECEASED (Type or print) | | 4. DATE OF DEATH | |
| First Ralph Middle Raldo Last Boxx | | Month May Day 28 Year 1962 | |
| 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 Jan. 31, 1898 |
| 9. AGE (last birthday) 64 | | IF UNDER 1 YEAR Months 3 Days 27 | IF UNDER 24 HR Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer | | 10b. KIND OF BUSINESS OR INDUSTRY Farming | 11. BIRTHPLACE (City and state or country) Butler Co. Mo. |
| 12. CITIZEN OF WHAT COUNTRY U.S. | | 13a. FATHER'S NAME James Boxx | |
| 13b. MOTHER'S MAIDEN NAME Eva Fouts | | 14. NAME OF HUSBAND OR WIFE Mabel Boxx | |
| 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. 486-14-9638 | |
| 17. INFORMANT Mrs. Mabel Boxx | | Address | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: | | | INTERVAL BETWEEN ONSET AND DEATH 5 min |
| IMMEDIATE CAUSE (a) Cerebral Anoxia | | | |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Atherosclerosis | | | |
| DUE TO (c) | | | |
| 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. <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 | 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.) D. O. G. | 20f. CITY, TOWN, OR LOCATION Van Buren, MO | | COUNTY Carter STATE Mo. |
| 21. I attended the deceased from 1:30 P and last saw her alive on 1:30 P on the date stated above, and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE Coleman McSpadden (Degree or title) Coroner | | 22b. ADDRESS Van Buren, MO | |
| 22c. DATE SIGNED 5/29/62 (State) | | | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 23b. DATE MAY 30, 1962 | 23c. NAME OF CEMETERY OR CREMATORY Harmony Church | 23d. LOCATION (City, town, or county) Carter Co. Mo. |
| 24. FUNERAL DIRECTOR Mc Spadden ADDRESS Van Buren, Mo. | | 25. DATE RECD. BY LOCAL REG. June 7-1962 | |
| | | 26. REGISTRAR'S SIGNATURE Mrs Octa Henson | |

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 Allen C. McGinnis

Licensed Embalmer No. 4543

P. O. Address Van Buren, 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.