# MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-035803

STATE FILE NUMBER

Registration District No. 3101 Primary Registration District No. 3058 Registrar's No. 244

FILED OCT 4 1962

DO NOT WRITE ON THIS STUB — AMENDED

VS 300 Rev. 4/59

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|---|---|
| 1 | 0928 |
| 2 | 0928 |
| 3 | |
| 4 | 1 |
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| 7 | 0 |
| 8 | 1 |
| 9 | 561.2 |
| 10 | |
| 11 | |
| 12 | 1-0 |
| 13 | 4-0 |

2. DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH
a. COUNTY: ST. CHARLES
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: ST. CHARLES — Length of stay in 1b: 16 DAYS
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): ST. JOSEPH'S HOSP. — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: MO. b. COUNTY: ST. CHARLES
c. CITY OR TOWN: ST. CHARLES — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 210 CLAY ST. — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First SHERRI Middle LEA Last BOOS

4. DATE OF DEATH: Month SEPT. Day 26 Year 1962

5. SEX: F.

6. COLOR OR RACE: W

7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐

8. DATE OF BIRTH: 10 SEPT. 1962

9. AGE (last birthday): IF UNDER 1 YEAR Months Days 16 IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): NONE

10b. KIND OF BUSINESS OR INDUSTRY: NONE

11. BIRTHPLACE (City and state or country): ST. CHARLES, MO.

12. CITIZEN OF WHAT COUNTRY: USA.

13a. FATHER'S NAME: LOUIS D. BOOS

13b. MOTHER'S MAIDEN NAME: ANITA GRIFFIN

14. NAME OF HUSBAND OR WIFE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If yes, give war or dates of service): NO

16. SOCIAL SECURITY NO.: NONE

17. INFORMANT: LOUIS D. BOOS, Address: ST. CHARLES, MO

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Broncho pneumonia
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Bowel (small) necrosis
DUE TO (c): Ruptured omphalocoele
INTERVAL BETWEEN ONSET AND DEATH

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. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

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 ☐ NOT WHILE AT WORK ☐

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 10 '62, to Sept 25 and last saw her/him alive on Sept 25
Death occurred at 2:30 pm m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Gerald Duley MD.

22b. ADDRESS: 205 N. Fifth St. - St. Charles Mo.

22c. DATE SIGNED: 9-25-62

23a. BURIAL, CREMATION, REMOVAL (Specify): REMOVAL

23b. DATE: 26 Sept. 1962

23c. NAME OF CEMETERY OR CREMATORY: SCHOFIELD CEM.

23d. LOCATION (City, town, or county) (State): SPRINGFIELD, MO.

24. FUNERAL DIRECTOR ADDRESS: KLINGER FUNERAL HOME, SPRINGFIELD MO.

25. DATE RECD. BY LOCAL REG.: 9-25-62

26. REGISTRAR'S SIGNATURE: Marcella Wilson

(Licensed Embalmer's Statement on Reverse Side)

**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_____ Signed Frederic M. Baum

Signature of Student Embalmer

Licensed Embalmer No. 4607

P. O. Address St. Charles, 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.