MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-043307
STATE FILE NUMBER

Registration District No. 383 Primary Registration District No. 5655 Registrar's No. 177

DO NOT WRITE ON THIS STUB — AMENDED

VS 300 Rev. 4/59

FILED NOV 29 1962

1. PLACE OF DEATH
a. COUNTY Lawrence
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Mt. Vernon — Length of stay in 1b: 124 days
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Mo. State Sanatorium — Inside Limits: Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Texas
c. CITY OR TOWN Mountain Grove — Inside Limits: Yes ☐ No ☐
d. STREET ADDRESS (If outside, give location) — Reside on Farm: Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First Ruby — Middle Margaret — Last Boholt
4. DATE OF DEATH: Month Nov. Day 20 Year 62
5. SEX: Female
6. COLOR OR RACE: White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 10-30-01
9. AGE (last birthday): 60 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HR: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country): Monticello, Ind.
12. CITIZEN OF WHAT COUNTRY: USA
13a. FATHER'S NAME: William Cripe
13b. MOTHER'S MAIDEN NAME: Mattie Quarter
14. NAME OF HUSBAND OR WIFE: Elie Boholt
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of servic
16. SOCIAL SECURITY NO.
17. INFORMANT: San. records, Mo. State San., Mt. Vernon, Mo. — Address

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line) — INTERVAL BETWEEN ONSET AND DEATH

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Asphyxia, due to

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) Pulmonary Hemorrhage — approx. 1½ hr.

DUE TO (c) Pulmonary tuberculosis — approx. 6½ yrs.

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 July 19, 1962, to Nov. 20, 1962 and last saw ~~him~~ her alive on 11-20-62

Death occurred at 10:45 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): C. Hellweg M. D.
22b. ADDRESS: Mt. Vernon, Mo.
22c. DATE SIGNED: 11-20-62

23a. BURIAL, CREMATION, REMOVAL (Specify)
23b. DATE: 11-21-62
23c. NAME OF CEMETERY OR CREMATORY: Chesterton Cemetery
23d. LOCATION (City, town, or county) (State): Chesterton Ind.

24. FUNERAL DIRECTOR — ADDRESS: Elliott-Gentry Funeral Home, Cabool, Mo.
25. DATE RECD. BY LOCAL REG.: 11-26-62
26. REGISTRAR'S SIGNATURE: Roy Grantham/Rw

(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED
6	5-50		
2	1070-		
3			
4	1		
5	1		
6			
7	1		
8	2		
9	002.1		
10			
11			
12	73-0		
13	5-0		

BY AFFIDAVIT OF DOCUMENT

USE BLACK INK OR TYPEWRITER RIBBON

DEC 10 1962

DEC 11 1962

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 Mat L Fossett

Signature of Student Embalmer

Licensed Embalmer No. 4252

P. O. Address Nevada, 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.