

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-010812

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 64 Primary Registration District No. 5242 Registrar's No. _____

FILED APR 2 1963

1. PLACE OF DEATH a. COUNTY Chariton		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY Chariton	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Marceline		Length of stay in 1b 10 yrs	c. CITY OR TOWN Marceline
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION R. F. D. 3		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) R. F. D. 3
Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			

3. NAME OF DECEASED (Type or print) First Middle Last Willis Earl Boone			4. DATE OF DEATH Month Day Year March 18, 63		
5. SEX M	6. COLOR OR RACE W	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 10/8/1876	9. AGE (last birthday) 86	IF UNDER 1 YEAR Months Days Hours Min. 5 10
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) Bucklin, Mo	12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME Aron		13b. MOTHER'S MAIDEN NAME Phoebe Paddleford		14. NAME OF HUSBAND OR WIFE May	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of) No			16. SOCIAL SECURITY NO. 6	17. INFORMANT James Boone Brookfield, Mo Address _____	

18. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) **Uremia**

DUE TO (b) **Arteriosclerotic Cardiovascular Disease**

DUE TO (c) _____

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

INTERVAL BETWEEN ONSET AND DEATH
1 WEEK

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
Presumably primary infection due to ~~Coccidia~~ Atypical Plasmodium

PART III. If deceased was female was there a pregnancy in last 90 days.
 Yes No 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 a.m. p.m. Month, Day, Year		

20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION Brookfield, Mo	COUNTY Mo	STATE Mo
21. I attended the deceased from 1959 to 3-18-63 and last saw him alive on 3-18-63 Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.				

22a. SIGNATURE James J. Berry (Degree or title)	22b. ADDRESS Marceline, Mo.	22c. DATE SIGNED 3-19-63
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23a. BURIAL, CREMATION, REMOVAL (Specify) E	23b. DATE 3/21/1963	23c. NAME OF CEMETERY OR CREMATORY Rosehill	23d. LOCATION (City, town, or county) (State) Brookfield, Mo
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24. FUNERAL DIRECTOR James McLaughlin ADDRESS Marceline, Mo	25. DATE RECD. BY LOCAL REG. March 21, 1963	26. REGISTRAR'S SIGNATURE Donald W. Berry
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(Licensed Embalmer's Statement on Reverse Side)

VS 300
Rev. 4/59
8210
20210
3
4 0
5 1
6
7 0
8 0
9422.1
10
11
1270-0
13 1-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

USE BLACK INK OR TYPEWRITER RIBBON

0122
10120
0
1
0
0

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 Gerald I Wads

Licensed Embalmer No. 4172

P. O. Address Browning

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.