

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-019907

STATE FILE NUMBER

Registration District No. 141 Primary Registration District No. 3025 Registrar's No. 88

DO NOT WRITE ON THIS STUB

AMENDED

VS 300 Rev. 4/59

DATE AMENDED

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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

**FILED MAY 28 1963**

1. PLACE OF DEATH  
 a. COUNTY Howell  
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN West Plains Length of stay in 1b 2 years  
 c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION W.P. Memorial Hospital Inside Limits Yes  No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
 a. STATE Mo. b. COUNTY Howell  
 c. CITY OR TOWN West Plains Inside Limits Yes  No   
 d. STREET ADDRESS (If outside, give location) 203 S. Main Street Reside on Farm Yes  No

3. NAME OF DECEASED (Type or print) First Elmer Middle Frank Last Boice  
 4. DATE OF DEATH Month May Day 16 Year 1963

5. SEX male 6. COLOR OF RACE white 7. Married  Never Married  Widowed  Divorced   
 8. DATE OF BIRTH 10-9-1885 9. AGE (last birthday) 77 yrs. IF UNDER 1 YEAR: Months 0 Days 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) Western Pacific Railroads 10b. KIND OF BUSINESS OR INDUSTRY Nevada, Mo. 11. BIRTHPLACE (City, and state or country) Nevada, Mo. 12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME David Boice 13b. MOTHER'S MAIDEN NAME Etta Steel 14. NAME OF HUSBAND OR WIFE Ella Taylor

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)  (If yes, give war or dates of service) 0 0 16. SOCIAL SECURITY NO. 0 0 17. INFORMANT Address Mrs. E. J. Boice, West Plains, Mo.

18. CAUSE OF DEATH (Enter only one cause per line)  
 PART I. DEATH WAS CAUSED BY:  
 IMMEDIATE CAUSE (a) Myocarditis with fibrillation  
 DUE TO (b) Ac. Pulmonary Edema  
 DUE TO (c) Gastro-Intestinal Bleeding  
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.  
 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 3:00 a.m. 12 p.m. Month, Day, Year 12 May 63

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.) West Plains, Missouri 20f. CITY, TOWN, OR LOCATION West Plains, Missouri COUNTY Howell STATE Missouri

21. I attended the deceased from 12 May 63 to 16-5-63 and last saw him alive on 16-5-63. Death occurred on 16-5-63 at 3:00 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE [Signature] (Degree or title) M.D. 22b. ADDRESS West Plains, Missouri 22c. DATE SIGNED 2/15/63

23a. BURIAL, CREMATION, REMOVAL (Specify) removal 23b. DATE 5-17-63 23c. NAME OF CEMETERY OR CREMATORY Grace Lawn Cemetery 23d. LOCATION (City, town, or county) (State) Howard, Kansas

24. FUNERAL DIRECTOR Robertsons, ADDRESS West Plains, Mo. 25. DATE RECD. BY LOCAL REG. 5-23-63 26. REGISTRAR'S SIGNATURE Beatrice Cook

USE BLACK INK OR TYPEWRITER RIBBON

Smith

JUN 4 1963

JUL 2 1963

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 *A. H. Robertson*

Licensed Embalmer No. 3432

P. O. Address West Plains, 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.