MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

63-033209

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

Registration District No. 290 Primary Registration District No. 4427 Registrar's No. 103

FILED AUG 26 1963

DO NOT WRITE ON THIS STUB — AMENDED

VS 300 Rev. 4/59

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USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS: DATE AMENDED / INSTEAD OF / SHOULD READ / ITEM NO. / DOCUMENT / BY AFFIDAVIT OF

1. PLACE OF DEATH
a. COUNTY: Pulaski
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Waynesville — Length of stay in lb: 1 week
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): Pulaski County Hosp — Inside Limits: Yes [X] No [ ]

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Pulaski
c. CITY OR TOWN: Crocker — Inside Limits: Yes [ ] No [X]
d. STREET ADDRESS (If outside, give location): Star Rt #3 — Reside on Farm: Yes [X] No [ ]

3. NAME OF DECEASED (Type or print): First: Martha — Middle: Arlys — Last: Boren

4. DATE OF DEATH: Month: August — Day: 6 — Year: 1963

5. SEX: Female
6. COLOR OR RACE: White
7. Married [XX] Never Married [ ] Widowed [ ] Divorced [ ]
8. DATE OF BIRTH: Apr 20 1906
9. AGE (last birthday): 57 — 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: Domestic
11. BIRTHPLACE (City and state or country): Miller County Mo
12. CITIZEN OF WHAT COUNTRY: USA

13a. FATHER'S NAME: Eddie Madden
13b. MOTHER'S MAIDEN NAME: Nancy Wall
14. NAME OF HUSBAND OR WIFE: Orville Boren

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of [redacted]
16. SOCIAL SECURITY NO.
17. INFORMANT: Orville Boren — Address: Star Rt #3 Crocker Mo

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause pe[redacted]
PART I. DEATH WAS CAUSED BY:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	1) Cerebrovascular accident	11 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	2) Hypertension, chronic	?
DUE TO (c)	3) Arteriosclerosis, generalized	?

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 [X]
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 27, 1963 and last saw her alive on Aug. 6, 1963.
Death occurred at 4:45PM on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): [signature] MD
22b. ADDRESS: Richland, Missouri
22c. DATE SIGNED: 8-8-63

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 8-9-1963
23c. NAME OF CEMETERY OR CREMATORY: Hawkeye Cemetery
23d. LOCATION (City, town, or county) (State): Crocker Rural Pulaski Mo

24. FUNERAL DIRECTOR: Moss-Williams — ADDRESS: Crocker, Missouri
25. DATE RECD. BY LOCAL REG.: 8-9-63
26. REGISTRAR'S SIGNATURE: [signature]

(Licensed Embalmer's Statement on Reverse Side)

MAR 3 1954

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 Clarence Shrose

Licensed Embalmer No. 4896

P. O. Address Waynesville, 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.