

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-044493

STATE FILE NUMBER

Registration District No. 160 Primary Registration District No. 559v Registrar's No. 156

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

0500

0500

3

4 1

5 1

6

7 1

8 0

953.8

10

11

12 1-0

13 1-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY JEFFERSON		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO. b. COUNTY JEFF.	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN RURAL JOACHIM		c. CITY OR TOWN CRYSTAL CITY	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION JEFF. CO. HOSP.		d. STREET ADDRESS (If outside, give location) 213 COUNTY RD.	
3. NAME OF DECEASED (Type or print) EDITH E. BOXDORFER		4. DATE OF DEATH 11-16-63	
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 2-28-1894
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSE WORK		10b. KIND OF BUSINESS OR INDUSTRY OWN HOME	11. BIRTHPLACE (City and state or country) RANDOLPH, CO. ILL.
13a. FATHER'S NAME JOHN T. CARR		13b. MOTHER'S MAIDEN NAME MARY JANE BILDERLACK	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		17. INFORMANT OSCAR BOXDORFER Address CRYSTAL CITY, MO.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary atherosclerosis DUE TO (b) Coronary artery disease DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			INTERVAL BETWEEN ONSET AND DEATH 2 months
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a). Anterior wall heart disease & congestive failure			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input 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 type="checkbox"/>	
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, 1957 to Nov 16, 1963 and last saw him alive on Nov 15, 1963 Death occurred at 1:30 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) [Signature]		22b. ADDRESS Crystal City, Mo.	
22c. NAME OF CEMETERY OR CREMATORY ROSELAWN GARDEN		22d. LOCATION (City, town, or county) CRYSTAL CITY, MO. (State)	
23a. BURIAL, CREMATION, or REMOVAL (Specify) BURIAL DATE 11-19-63		23c. NAME OF CEMETERY OR CREMATORY ROSELAWN GARDEN	
24. FUNERAL DIRECTOR GENTRY R. POLITTE ADDRESS CRYSTAL CITY, MO.		25. DATE RECD. BY LOCAL REG. 11-19-63	
26. REGISTRAR'S SIGNATURE [Signature]			

DEC 4 1963

STATE OF MISSISSIPPI
DEPARTMENT OF HEALTH
DIVISION OF PUBLIC HEALTH

II-1-II

EMBALMER

DATE

S-SS-18-18

ATTEST

MISSISSIPPI DEPARTMENT OF HEALTH

STATE OF MISSISSIPPI

DEPARTMENT OF HEALTH

MISSISSIPPI DEPARTMENT OF HEALTH

STATE OF MISSISSIPPI

DEPARTMENT OF HEALTH

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 Gentry B. Pelletto

Licensed Embalmer No. 3481

P. O. Address Crystal City - ms.

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.