

# RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS JAN 3 1967

4-2-18  
321  
321-60-045830

Registration District No. 137 Primary Registration District No. 4218 Registrar's No. 321-60-045830

DEED

1. PLACE OF DEATH a. COUNTY <b>Henry</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo.</b> b. COUNTY <b>Henry</b>									
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Windsor Mo.</b>		Length of stay in 1b <b>88 Yrs.</b>		c. CITY OR TOWN <b>Windsor Mo.</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>							
c. FULL NAME OF HOSPITAL OR INSTITUTION <b>415 South Smith St.</b>			Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <b>415 South Smith St.</b>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
3. NAME OF DECEASED (Type or print) First <b>Martha</b> Middle <b>Jane</b> Last <b>Box</b>				4. DATE OF DEATH Month <b>Dec.</b> Day <b>20,</b> Year <b>1960</b>									
5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>		7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <b>June 11, 1872</b>		9. AGE (last birthday) <b>88</b>		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) <b>Housewife</b>				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <b>Eldorado Springs Mo.</b>		12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>					
13a. FATHER'S NAME <b>W. H. Leonard</b>				13b. MOTHER'S MAIDEN NAME <b>Caldwell</b>				13c. NAME OF HUSBAND OR WIFE <b>William G. Box</b>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>				16. SOCIAL SECURITY NO. <b>Unknown</b>		17. ADDRESS <b>Glenn Box Windsor Mo.</b>							
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Circulatory Collapse</b> DUE TO (b) <b>Total Heart Failure</b> DUE TO (c) <b>Arteriosclerotic Heart Disease</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.								INTERVAL BETWEEN ONSET AND DEATH <b>2 hrs</b> <b>2 hrs</b> <b>4 yrs</b>					
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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 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 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 <b>June 1957</b> to <b>Dec 20, 1960</b> and last saw her alive on <b>20 Dec 1960</b> Death occurred at <b>7:30</b> m on the date stated above, and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE (Degree or title) <b>William Smith M.D.</b>						22b. ADDRESS <b>Windsor, Mo.</b>			22c. DATE SIGNED <b>12/23/60</b>				
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>Dec 23, 1960</b>		23c. NAME OF CEMETERY OR CREMATORY <b>Laurel Oak Cemetery</b>			23d. LOCATION (City, town, or county) <b>Windsor Mo.</b>						
24. FUNERAL DIRECTOR <b>Ellis M. Huston Windsor Mo.</b>				25. DATE RECD. BY LOCAL REG. <b>Dec. 26-1960</b>		26. REGISTRAR'S SIGNATURE <b>Mary Briggs (deputy)</b>							

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed *Ellis M. Houston*

Licensed Embalmer No. *339*

P. O. Address *Windsor*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to  
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.