

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

67 0047949

STATE FILE NUMBER

Registration District No. 137 Primary Registration District No. 3023 Registrar's No. 308

DO NOT WRITE ON THIS STUB

AMENDED

FILED DEC 18 1967

VS 300 Rev. 4/59	DATE AMENDED	
1 <u>0425</u>	AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF	DOCUMENT
2 <u>0420</u>		
3		
4 <u>0</u>		
5 <u>2</u>		
6		
7 <u>0</u>		
8 <u>0</u>		
<u>9331X</u>		
10		
11		
12 <u>2-3</u>		
13 <u>1-0</u>		
ITEM NO.	SHOULD READ	

USE BLACK INK OR TYPEWRITER RIBBON

1. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY <u>Henry</u>	a. STATE <u>Missouri</u>	b. COUNTY <u>Henry</u>	b. COUNTY <u>Henry</u>
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Clinton</u>	Length of stay in 1b <u>4 months</u>	c. CITY OR TOWN <u>Montrose</u>	Inside Limits: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Wetzel Hospital</u>	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>RR # 1</u>	Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <u>Henry</u> Middle <u>Boden</u> Last <u>Boden</u>		4. DATE OF DEATH Month <u>Dec</u> Day <u>10</u> Year <u>1967</u>	
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>Oct 7, 1886</u>
9. AGE (last birthday) <u>81</u>		IF UNDER 1 YEAR Months <u>8</u> Days <u>1</u>	IF UNDER 24 HR Hours <u>1</u> Min. <u>0</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farmer</u>	11. BIRTHPLACE (City and state or country) <u>Montrose, Mo</u>
12. CITIZEN OF WHAT COUNTRY <u>USA</u>		13. FATHER'S NAME <u>John Boden</u>	
14. MOTHER'S MAIDEN NAME <u>Kathryn Hoile</u>		14. NAME OF HUSBAND OR WIFE <u>Louise</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>495-40-4702</u>	17. INFORMANT <u>John Boden</u> Address <u>Montrose, Mo</u>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>C.V.A</u> DUE TO (b) <u>Starvation &amp; dehydration</u> DUE TO (c) <u>2 mo</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			INTERVAL BETWEEN ONSET AND DEATH <u>2 yrs</u> <u>2 mo</u>
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 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 <u>8:25</u> a.m. <u>12</u> p.m. Month, Day, Year <u>8-12-67</u>	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.) <u>A</u>	20f. CITY, TOWN, OR LOCATION <u>Clinton, Mo</u>
21. I attended the deceased from <u>8-12-67</u> to <u>12-10-67</u> and last saw <sup>her</sup> <sub>him</sub> <u>him</u> alive on <u>12-9-67</u> Death occurred at <u>8:25</u> <u>A</u> m on the date stated above, and to the best of my knowledge, from the causes stated.		22c. DATE SIGNED <u>12/11/67</u>	
22a. SIGNATURE <u>[Signature]</u>	(Degree or title) <u>Do</u>	22b. ADDRESS <u>Clinton, Mo</u>	22c. DATE SIGNED <u>12/11/67</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>12/13/1967</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Montrose Catholic Cem</u>	23d. LOCATION (City, town, or county) (State) <u>Montrose, Mo</u>
24. FUNERAL DIRECTOR <u>Sickman-Dunning F H</u>	ADDRESS <u>Clinton, Mo</u>	25. DATE RECD. BY LOCAL REG. <u>Dec 12, 1967</u>	26. REGISTRAR'S SIGNATURE <u>[Signature]</u>

(Licensed Embalmer's Statement on Reverse Side)

MAR 7 1968

DEC 26 1967

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 R. L. Dunning

Licensed Embalmer No. 4910

P. O. Address Clinton 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.

Permit Obtained 12-12-67 (1885)