

0.300
0.48

FILED MAR 14 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 4645

BIRTH NO. _____ REG. DIST. NO. 122 PRIMARY REG. DIST. NO. 302L Registrar's No. 202

1. PLACE OF DEATH a. COUNTY <u>Grundy</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Grundy</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Trenton</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Trenton</u>	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) <u>1311 Gilmore</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1311 Gilmore 1</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Lottie</u>	b. (Middle) <u>Lorraine</u>	c. (Last) <u>Boon</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Feb 3 1949</u>
-------------------------------------	--------------------------	-----------------------------	-----------------------	---

5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Jan. 10, 1903</u>	9. AGE (In years last birthday) <u>46</u>	IF UNDER 1 YEAR Months <u>0</u> Days <u>22</u>	IF UNDER 24 HRS. Hours <u>-</u> Min. <u>-</u>
----------------------	-------------------------------	---	---------------------------------------	---	--	---

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>	11. BIRTHPLACE (State or foreign country) <u>Grundy Co., Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
--	---	---	--

13a. FATHER'S NAME <u>U.S. Schaefer</u>	13b. MOTHER'S MAIDEN NAME <u>Elizabeth M. Laughlin</u>	14. NAME OF HUSBAND OR WIFE <u>Audrey D. Boon</u>
---	--	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <u>493-14-7033</u>	17. INFORMANT'S SIGNATURE OR NAME, ADDRESS <u>Audrey D. Boon</u>
--	--	--

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>2 or 3 years</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arterio Sclerosis</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>chronic inter. nephritis</u>		6 mos	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
------------------------	----------------------------------	---

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
--	--	---

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
--	--	----------------------------

22. I hereby certify that I attended the deceased from Dec 1, 1948, to Feb 3, 1949, that I last saw the deceased alive on Feb 3, 1949, and that death occurred at 2:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>E. A. Duffy M.D. (1)</u>	23b. ADDRESS <u>Trenton Mo</u>	23c. DATE SIGNED <u>Feb 4 - 49</u>
--	--------------------------------	------------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <u>Feb 7, 1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Lalle Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Grundy Co. Mo.</u>
---	------------------------------	--	---

DATE REC'D BY LOCAL REG. <u>Feb 4 - 1949</u>	REGISTRAR'S SIGNATURE <u>Gene Fair</u>	115	25. FUNERAL DIRECTOR'S SIGNATURE <u>Raymond A. Waise</u>	ADDRESS <u>Trenton Mo.</u>
--	--	-----	--	----------------------------

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED
MAY 27 1967

EMBALM
.....
.....
.....

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 _____

My self

Student Embalmer No. _____

working under my personal supervision.

Signed _____

Raymond P. Davis
3424

Licensed Embalmer No. _____

P. O. Address _____

Trenton, N.J.

Signed.....
Student Embalmer

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 this body is not embalmed, fact should be so stated above.