

20661

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

No. 300  
10-4a

FILED JUL 11 1950

*495*  
*August 3*

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2201 Registrar's No. 315

|  |                                  |   |  |  |  |  |  |
|--|----------------------------------|---|--|--|--|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY<br><b>Jasper</b>  |                                  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE<br><b>Illinois</b>   |  | b. COUNTY  |  |  |  |
| b. CITY (If outside corporate limits, write RURAL and give township)<br>OR<br>TOWN<br><b>Joplin</b>  |                                  | c. LENGTH OF STAY (in this place)<br><b>1 Hour</b>  |  | c. CITY (If outside corporate limits, write RURAL and give township)<br>OR<br>TOWN<br><b>Springfield</b> |  |  |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION<br><b>D.O.A. Freeman Hospital</b>  |                                  |   |  | d. STREET ADDRESS (If rural, give location)<br><b>1826 East Cedar Street</b>                             |  |  |  |
| 3. NAME OF DECEASED<br>(Type or Print)<br>a. (First) <b>Fredrick</b><br>b. (Middle) <b>Emerson</b><br>c. (Last) <b>BOSTON</b>  |                                  |   | 4. DATE OF DEATH (Month) (Day) (Year)<br><b>July 2, 1950</b> |  |  |  |  |
| 5. SEX<br><b>Male</b>  | 6. COLOR OR RACE<br><b>White</b> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)<br><b>Widowed</b>  | 8. DATE OF BIRTH<br><b>July 10, 1879</b>                     | 9. AGE (In years last birthday)<br><b>70</b>   | IF UNDER 1 YEAR<br>Months <b>11</b> Days <b>22</b> |  |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Laborer</b>  |                                  | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>Ill. Central Railroad</b>   |  | 11. BIRTHPLACE (State or foreign country)<br><b>Girard, Illinois</b>                                     |  |  |  |
| 12. CITIZEN OF WHAT COUNTRY?<br><b>U.S.</b>  |                                  | 13a. FATHER'S NAME<br><b>James M. Boston</b>  |  | 13b. MOTHER'S MAIDEN NAME<br><b>Phebe Hinkle</b>   |  |  |  |
| 14. NAME OF HUSBAND OR WIFE  |                                  | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><b>No</b>   |  | 16. SOCIAL SECURITY NO.  |  |  |  |
| 17. INFORMANT'S SIGNATURE OR NAME<br><b>Blanche Browning Keokut, Iowa</b>  |                                  | ADDRESS   |  |  |  |  |  |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*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<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Acute coronary occlusion</b><br><br>ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) _____<br>DUE TO (c) _____<br><br>II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death. |  |  |  | INTERVAL BETWEEN ONSET AND DEATH<br><br><b>1/201</b> |  |
| 19a. DATE OF OPERATION   |                                  | 19b. MAJOR FINDINGS OF OPERATION  |  | 20. AUTOPSY?<br>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 <u>and was not called</u> , 19 <u>  </u> , that I last saw the deceased alive on <u>  </u> , 19 <u>  </u> , and that death occurred at <u>3:50 P.M.</u> , from the causes and on the date stated above. |                                  |   |  |  |  |  |  |
| 23a. SIGNATURE<br><i>Walter C. Brown</i>   |                                  | (Degree or title)<br><i>County (Mo)</i>   |  | 23b. ADDRESS<br><i>Joplin Nat'l Bank Bldg Joplin</i>   |  |  |  |
| 23c. DATE SIGNED<br><b>7-6-50</b>  |                                  | 24a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Removal</b>   |  | 24b. DATE<br><b>July 2, 1950</b>   |  |  |  |
| 24c. NAME OF CEMETERY OR CREMATORY<br><b>Berry Funeral Home</b>  |                                  | 24d. LOCATION (City, town, or county) (State)<br><b>Girard, Illinois</b>  |  |  |  |  |  |
| DATE REC'D BY LOCAL REG.<br><b>7-7-50</b>  |                                  | REGISTRAR'S SIGNATURE<br><i>Ed D. James</i>   |  | 25. FUNERAL DIRECTOR'S SIGNATURE<br><i>Thornhill-Dillon Mortuary</i>                                     |  |  |  |
|  |                                  | ADDRESS<br><b>Joplin, Mo.</b>   |  |  |  |  |  |

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED 7-10-50  
Jasper County Health Office

County File Number 50-6-520

Date Filed 7-10-50

MAR 3

MAR 2 1950

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 \_\_\_\_\_  
Student Embalmer

Signed William E. Huddleston

Licensed Embalmer No. 4770

P. O. Address Joplin, 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 this body is not embalmed, fact should be so stated above.