

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

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

FILED DEC 7 1950

State File No. **37863**

BIRTH NO. _____		REG. DIST. NO. <u>146</u>		PRIMARY REG. DIST. NO. <u>5568</u>		Registrar's No. <u>4579</u>			
1. PLACE OF DEATH a. COUNTY <u>JACKSON</u>				2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>JACKSON</u>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL (BLUE)</u>		c. LENGTH OF STAY (In this place) <u>8 YRS.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>P.R. INDEPENDENCE</u>		d. STREET ADDRESS (If rural, give location) <u>71 B9. PASS 0480</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>CRAWFORD HOME</u>									
3. NAME OF DECEASED (Type or Print) a. (First) <u>Lillie</u> b. (Middle) <u>Fisher</u> c. (Last) <u>Boughton</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Nov 27, 1950</u>						
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	8. DATE OF BIRTH <u>JUNE 23, 1873</u>		9. AGE (In years last birthday) <u>77</u>	10. MONTHS <u>7</u>	11. DAYS <u>27</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>- -</u>		11. BIRTHPLACE (State or foreign country) <u>IOWA</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>			
13a. FATHER'S NAME <u>JAMES P. MOSS</u>		13b. MOTHER'S MAIDEN NAME <u>UNKNOWN</u>		14. NAME OF HUSBAND OR WIFE <u>BYRON BOUGHTON</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>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>PEARL B. HUTCHESON 5916 OSBORN RD.</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	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>old coronary occlusion</u>				DUE TO (b) <u>Chronic Myocardial infarction</u>					
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c)				II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Fatty infiltration of the liver</u>					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input checked="" 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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.									
23a. SIGNATURE <u>J. L. Johnson</u> (Degree or title)				23b. ADDRESS <u>Boughton Mo</u>		23c. DATE SIGNED <u>11-28-50</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>		24b. DATE <u>NOV. 30 1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>LINCOLNVILLE CEM.</u>		24d. LOCATION (City, town, or county) (State) <u>LINCOLNVILLE, MO.</u>				
DATE REC'D BY LOCAL REG. <u>Nov. 29, 1950</u>		REGISTRAR'S SIGNATURE <u>J. M. Davis</u>		354 25. FUNERAL DIRECTOR'S SIGNATURE <u>EARP & SONS</u>		ADDRESS <u>4139 TRUMAN RD.</u>			

DEC 2 RECD

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 _____

working under my personal supervision.

Student Embalmer No.

Signed.....

William H. Earp

Signed.....
Student Embalmer

Licensed Embalmer No. *4728*

P. O. Address *N.C. 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.