

FILED JUN 4 1951

STANDARD CERTIFICATE OF DEATH

State File No. 16163-4

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 471

0396

1. PLACE OF DEATH
a. COUNTY **Greene**
b. CITY (If outside corporate limits, write RURAL and give town) **Springfield**
c. LENGTH OF STAY (in this place) **21 yrs**
d. FULL NAME OF HOSPITAL OR INSTITUTION **Springfield City Hospital**

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE **Missouri** b. COUNTY **Greene**
c. CITY (If outside corporate limits, write RURAL and give township) **Springfield**
d. STREET ADDRESS (If rural, give location) **1010 North West Avenue**

3. NAME OF DECEASED
a. (First) **MAYNARD** b. (Middle) **ROSS** c. (Last) **BOOROM**
4. DATE OF DEATH (Month) (Day) (Year) **May 27, 1951**

5. SEX **Male** 6. COLOR OR RACE **White** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **Single** 8. DATE OF BIRTH **March 5, 1927** 9. AGE (In years last birthday) **24** IF UNDER 1 YEAR Months **3** Days **22** IF UNDER 24 HRS. Hours **0** Min. **0**

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **College Student** 10b. KIND OF BUSINESS OR INDUSTRY **None** 11. BIRTHPLACE (State or foreign country) **White Earth, N. Dakota** 12. CITIZEN OF WHAT COUNTRY? **U.S.A.**

13a. FATHER'S NAME **Forrest Boorum** 13b. MOTHER'S MAIDEN NAME **Hazel Pitney** 14. NAME OF HUSBAND OR WIFE _____

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) **No** (If yes, give war or dates of service) 16. SOCIAL SECURITY NO. **Unknown** 17. INFORMANT'S SIGNATURE-OR NAME **Kathleen Steinmann** ADDRESS **1010 N. West**

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, asthenia, etc. It means the disease, injury, or complication which caused death.
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Chronic glomerulo- nephritis**
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.

19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION _____ 20. AUTOPSY? YES NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____ 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) **592 X** 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **May 25, 1951**, to **May 28, 1951**, that I last saw the deceased alive on **May 28, 1951**, and that death occurred at **11:20 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE **Edward Marcus** (Degree or title) **M.D.** 23b. ADDRESS **Springfield, Missouri** 23c. DATE SIGNED **5/28/1951**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 24b. DATE **5/20/1951** 24c. NAME OF CEMETERY OR CREMATORY **White Chapel Mem. Grdn.** 24d. LOCATION (City, town, or county) (State) **Springfield, Missouri**

DATE REC'D BY LOCAL REG. **5-27-51** REGISTRAR'S SIGNATURE **W. E. Handley** 25. FUNERAL DIRECTOR'S SIGNATURE **Willayre-Goodwin** ADDRESS **Fun'l Service, Spfgld, Mo**

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

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

Harold Pyle

Signed.....

Student Embalmer

Licensed Embalmer No. 4594

P. O. Address Springfield, Missouri

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.