

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **34701**

FILED OCT 25 1951		REG. DIST. NO. <b>294</b>		PRIMARY REG. DIST. NO. <b>6006</b>		Registrar's No. <b>243</b>	
1. PLACE OF DEATH a. COUNTY <b>Randolph</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Randolph</b>			
b. CITY (If outside corporate limits, write RURAL and give township) <b>Rural Cairo Twpshp</b>		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) <b>Cairo Township, MO</b>		d. STREET ADDRESS (If rural, give location) <b>0</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print) a. (First) <b>Margaret</b>			b. (Middle)			c. (Last) <b>Boney</b>	
4. DATE OF DEATH (Month) (Day) (Year) <b>Oct 13 1951</b>		5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	
8. DATE OF BIRTH <b>Jan 12 1869</b>		9. AGE (In years last birthday) <b>82</b>		IF UNDER 1 YEAR Months <b>10</b> Days <b>12</b>		IF UNDER 10 HRS. Hours <b>12</b> Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>At home</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <b>Pa</b>		12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME <b>Robert J. Faint</b>		13b. MOTHER'S MAIDEN NAME <b>Jean Gemmill</b>		14. NAME OF HUSBAND OR WIFE <b>James T. Boney</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <input checked="" type="checkbox"/> Yes		16. SOCIAL SECURITY NO. <input checked="" type="checkbox"/>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>J. T. Boney RFD Cairo, Mo</b>			
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>arteriosclerosis, generalized</b>				INTERVAL BETWEEN ONSET AND DEATH <b>10 yrs</b>	
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. <b>Parotitis, rt.</b>				<b>2 days</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>4500</b>				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 <b>Jan. 12, 1950</b> , to <b>Oct 13, 1951</b> , that I last saw the deceased alive on <b>Oct 14, 1951</b> , and that death occurred at <b>6:30am.</b> , from the causes and on the date stated above.							
23a. SIGNATURE <b>Clarence C. Chisum</b>				23b. ADDRESS <b>300 1/2 West Reed St., Moberly, Mo.</b>		23c. DATE SIGNED <b>Oct. 15-51</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>Oct 15 1951</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Union</b>		24d. LOCATION (City, town, or county) (State) <b>Near Cairo, Mo</b>	
DATE REC'D BY LOCAL REG. <b>10-15-51</b>		REGISTRAR'S SIGNATURE <b>Lois Weisman</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Mahan and Son, Moberly, Mo</b>			

(Licensed Embalmer's Statement on Reverse Side)

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

VS DEC 23 1959

SEP 24 1964

Date Received: OCT 22 1961  
DISTRICT HEALTH OFFICE #2  
District File Number 10-51-188  
Date Filed: OCT 23 1961

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.....

*Frank D. Witt*

Licensed Embalmer No. 3021

P. O. Address *Moberly 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.