V.S. No. 300
Rev. 10.48

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

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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 1821

BIRTH NO. FILED FEB 11 1953 REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2001 Registrar's No. 71

1. PLACE OF DEATH
a. COUNTY: Jasper
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Joplin
c. LENGTH OF STAY (In this place): 1 wk
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Freeman Hosp

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo
b. COUNTY: Lawrence
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Wentworth Mo
d. STREET ADDRESS (If rural, give location): R F D 1 055

3. NAME OF DECEASED (Type or Print): a. (First) Lecy b. (Middle) Ann c. (Last) Boggs

4. DATE OF DEATH: (Month) Feb (Day) 1 (Year) 53

5. SEX: 1 female
6. COLOR OR RACE: wh
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widow 2
8. DATE OF BIRTH: 4-20-1875
9. AGE (In years last birthday): 77 If under 1 year: Months 9 Days 11 If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): at home
10b. KIND OF BUSINESS OR INDUSTRY: at home
11. BIRTHPLACE (City and State or Foreign Country): Lawrence Co Mo
12. CITIZEN OF WHAT COUNTRY?: —

13a. FATHER'S NAME: John Blackburn
13b. MOTHER'S MAIDEN NAME: Mary Lamb
14. NAME OF HUSBAND OR WIFE: Ira Boggs Sarcoxie Mo

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.: —
17. INFORMANT'S SIGNATURE OR NAME: Mrs Carl Chandler
ADDRESS: Sarcoxie Mo

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.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Influenza-Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 24 Hours

ANTECEDENT CAUSES *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Cardiovascular-renal Disease — Unknown
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: 480X
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.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
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* 1-23, 1953, *to* 2-1, 1953, *that I last saw the deceased alive on* 2-1, 1953, *and that death occurred at* 10:00p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): M. D.
23b. ADDRESS: 321 Frisco Bldg., Joplin, Mo.
23c. DATE SIGNED: 2-5-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 2-7-53
24c. NAME OF CEMETERY OR CREMATORY: Sarcoxie Cem
24d. LOCATION (City, town, or county) (State): Sarcoxie Mo

DATE REC'D BY LOCAL REG.: 2-6-53
REGISTRAR'S SIGNATURE: Ed Lampkins
25. FUNERAL DIRECTOR'S SIGNATURE: Jackson Sons
ADDRESS: Sarcoxie Mo

(Licensed Embalmer's Statement on Reverse Side)

Registered 2-9-53
Jackson County Health Office
County File Number 139
Date Filed 2-9

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 me

Student Embalmer No. .....,

working under my personal supervision.

Student .....
Student Embalmer

Signed Wm K. Jackson

Licensed Embalmer No. 3954

P. O. Address Sarcoxie 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.