

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **27702**

FILED **AUG 31 1953**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **38** PRIMARY REG. DIST. NO. **3006** Registrar's No. **222**

<b>1. PLACE OF DEATH</b> a. COUNTY <b>Boone</b>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Boone</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Columbia</b>		c. CITY OR TOWN <b>Columbia</b>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>109 Westwood Ave.,</b>		e. STREET ADDRESS (If rural, give location) <b>109 Westwood Ave. 0105</b>	

<b>3. NAME OF DECEASED</b> (Type or Print) a. (First) <b>JAMES</b> b. (Middle) <b>EDWARD</b> c. (Last) <b>BOGGS</b>	<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <b>August 24, 1953</b>
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<b>5. SEX</b> <b>Male</b>	<b>6. COLOR OR RACE</b> <b>White</b>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <b>Married</b>	<b>8. DATE OF BIRTH</b> <b>Sept. 20, 1878</b>	<b>9. AGE</b> (In years last birthday) <b>74</b>	<b>IF UNDER 1 YEAR</b> Months _____ Days _____	<b>IF UNDER 24 HRS.</b> Hours _____ Min. _____
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<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <b>Attorney</b>	<b>10b. KIND OF BUSINESS OR INDUSTRY</b>	<b>11. BIRTHPLACE</b> (City and State or Foreign Country) <b>Columbia, Mo.</b>	<b>12. CITIZEN OF WHAT COUNTRY?</b> <b>U.S.</b>
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<b>13a. FATHER'S NAME</b> <b>Tyre Boggs</b>	<b>13b. MOTHER'S MAIDEN NAME</b> <b>Ada Yancey</b>	<b>14. NAME OF HUSBAND OR WIFE</b> <b>Lizzie Mae Ballew</b>
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<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	<b>16. SOCIAL SECURITY NO.</b>	<b>17. INFORMANT'S SIGNATURE OR NAME</b> <b>Mrs. James E. Boggs, Columbia, Mo.</b>	<b>ADDRESS</b>
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<b>18. CAUSE OF DEATH</b> 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.	<b>MEDICAL CERTIFICATION</b>		<b>INTERVAL BETWEEN ONSET AND DEATH</b>
	<b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <b>OCCLUSION OF CORONARY ARTERY</b>		<b>NONE</b>
	<b>ANTECEDENT CAUSES</b> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <b>DUE TO (b) ARTERIO-SCLEROTIC HEART DISEASE</b>		
	<b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death.		

<b>19a. DATE OF OPERATION</b>	<b>19b. MAJOR FINDINGS OF OPERATION</b>	<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)	<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)	<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b> <b>4200</b>
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<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour)	<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	<b>21f. HOW DID INJURY OCCUR?</b>
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**22. I hereby certify that I attended the deceased from 7-19, 1953, to 8-24, 1953 that I last saw the deceased alive on 7-24, 1953 and that death occurred at 6:30A m., from the causes and on the date stated above.**

<b>23a. SIGNATURE</b> <i>John H. Walters</i>	(Degree or title) <b>M.D.</b>	<b>23b. ADDRESS</b> <b>419 Guntar Bldg COLUMBIA, Mo.</b>	<b>23c. DATE SIGNED</b> <b>8-25-53</b>
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<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <b>Burial</b>	<b>24b. DATE</b> <b>Aug. 26, 1953</b>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <b>Olivet Cemetery</b>	<b>24d. LOCATION</b> (City, town, or county) (State) <b>Boone County, Missouri</b>
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<b>DATE REC'D BY LOCAL REG.</b> <b>Aug 25 1953</b>	<b>REGISTRAR'S SIGNATURE</b> <i>Mrs R E Palmer</i>	<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <i>Carter Funeral Service</i>	<b>ADDRESS</b> <i>Columbia Mo.</i>
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(Licensed Embalmer's Statement on Reverse Side)

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

OCT 13 1953

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.....  
Signature of Student Embalmer

Signed.....  
Licensed Embalmer No. 489  
P. O. Address Columbia

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.