

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

12887

State File No. ....

FILED MAY 3 1954

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 274 PRIMARY REG. DIST. NO. 3052 Registrar's No. 162

1. PLACE OF DEATH a. COUNTY <u>Pettis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Pettis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Sedalia</u>		c. CITY OR TOWN <u>Sedalia</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) <u>1 yr.</u>		e. STREET ADDRESS (If rural, give location) <u>524 East 5th</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>524 East 5th</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>ROY</u>	b. (Middle) <u>G.</u>	c. (Last) <u>BOSWELL</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>April 23, 1954</u>
-------------------------------------	-----------------------	-----------------------	--------------------------	--

5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Divorced</u>	8. DATE OF BIRTH <u>Feb. 5, 1954</u>	9. AGE (In years last birthday) <u>64</u>	10. UNDER 1 YEAR Months	11. UNDER 24 HRS. Days Hours Min.
--------------------	-------------------------------	--	--------------------------------------	---	-------------------------	-----------------------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>retired Agriculture</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Collins, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
--	---	--	---

13a. FATHER'S NAME <u>Robert F. Boswell</u>	13b. MOTHER'S MAIDEN NAME <u>Mary S. Owen</u>	14. NAME OF HUSBAND OR WIFE <u>Hazel Welch</u>
--	--	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. (If reg. dist. not on dates of service) <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. J.E. Thomas, sister,</u>	ADDRESS <u>Marshall, Mo.</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, asthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Apoplexy cerebral</u>		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>hypertension</u>		
	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 <u>334X</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) (m.)	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 Aug, 1953, to Death, 1954, that I last saw the deceased alive on 23 April, 1954, and that death occurred at 9:00 P. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Carl B. Givens M.D.</u>	23b. ADDRESS <u>Sedalia, Mo.</u>	23c. DATE SIGNED <u>24 April</u>
--	-------------------------------------	-------------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>4/25/54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Holt's Apple Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>near Collins, Mo.</u>
--	-----------------------------	--	---

DATE RECD BY LOCAL REG. <u>4/25/54</u>	REGISTRAR'S SIGNATURE <u>Samuel M. D. 251-0</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Wm. Ewing</u>	ADDRESS <u>Sedalia, Mo.</u>
---	--	--	--------------------------------

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300  
10.48

804  
1

804  
0

Dr. ~~Mc~~

---

---

**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 *A. E. Baker*.....

Licensed Embalmer No. *2419*.....

P. O. Address *Seaside*.....

**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.