

STANDARD CERTIFICATE OF DEATH

BIRTH NO. _____ REG. DIST. NO. 34 PRIMARY REG. DIST. NO. 4046 Registrar's No. 12

1. PLACE OF DEATH a. COUNTY Boone		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Boone	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Hartsburg, Mo.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Hartsburg, Mo.	
c. LENGTH OF STAY (in this place) Life		d. STREET ADDRESS (If rural, give location) Hartsburg, Mo.	
d. FULL NAME OF HOSPITAL OR INSTITUTION Hartsburg, Mo.			

3. NAME OF DECEASED (Type or Print) a. (First) Erie b. (Middle) Lee c. (Last) Boteler			4. DATE OF DEATH (Month) (Day) (Year) May 20 1954						
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Jan. 22 1879	9. AGE (In years last birthday) 75	IF UNDER 1 YEAR Months 3	IF UNDER 24 HRS. Days 28	IF UNDER 1 MIN. Hours 	IF UNDER 1 MIN. Min. 	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife			10b. KIND OF BUSINESS OR INDUSTRY 			11. BIRTHPLACE (State or foreign country) Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	

13a. FATHER'S NAME Galius Bledsoe		13b. MOTHER'S MAIDEN NAME Laura Tolson		14. NAME OF HUSBAND OR WIFE Gladys Walker Hartsburg Mo.			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 		17. INFORMANT'S SIGNATURE OR NAME Gladys Walker Hartsburg Mo.		ADDRESS 	

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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Arteriosclerosis				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) Arthritis					
		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 725X			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) (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 **May 10, 1954**, to **May 20, 1954**, that I last saw the deceased alive on **May 20, 1954**, and that death occurred at **12.30 m.**, from the causes and on the date stated above.

23a. SIGNATURE E. P. Megee, M.D. (Degree or title)		23b. ADDRESS Hartsburg, Mo.		23c. DATE SIGNED May 21	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE May 21 1954		24c. NAME OF CEMETERY OR CREMATORY Bonds Chapel	
				24d. LOCATION (City, town, or county) (State) Hartsburg R.F.D. Mo.	

DATE REC'D BY LOCAL REG. May 21, 1954		REGISTRAR'S SIGNATURE 27-0 Mrs. Mildred Burnett		25. FUNERAL DIRECTOR'S SIGNATURE Wm. E. Burnett Asplund		ADDRESS 	
--	--	--	--	--	--	-----------------	--

(Licensed Embalmer's Statement on Reverse Side)

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

0100

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 W. M. Burnett

Licensed Embalmer No. 5564

P. O. Address Oshtemo 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.