

FILED JUL 22 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

22852

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 140 PRIMARY REG. DIST. NO. 3024 Registrar's No. 54

1. PLACE OF DEATH a. COUNTY <b>Howard</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Howard</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Fayette</b>	c. LENGTH OF STAY (in this place) <b>10 yrs</b>	c. CITY OR TOWN <b>Fayette</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>Railroad St.</b>		STREET ADDRESS (If rural, give location) <b>Railroad St.</b> <span style="float: right;">0 45/0</span>	

3. NAME OF DECEASED (Type or Print)	a. (First) <b>George</b>	b. (Middle) <b>---</b>	c. (Last) <b>Boggs</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>June 28, 1954</b>
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>Negro</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>Oct. 1, 1877</b>	9. AGE (In years last birthday) <b>76</b>	'IF UNDER 1 YEAR Months <b>8</b> Days <b>27</b>	'IF UNDER 24 HRS. Hours <b></b> Min. <b></b>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Laborer</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Self Employed</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Howard Co. Missouri</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
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13a. FATHER'S NAME <b>Unknown</b>	13b. MOTHER'S MAIDEN NAME <b>Unknown</b>	14. NAME OF HUSBAND OR WIFE <b>Ethel Tindall</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, or unknown) (If yes, give war or dates of service) <b>No</b>	16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Amos Stapleton</b>	ADDRESS <b>Rollins, Ill.</b>
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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		INTERVAL BETWEEN ONSET AND DEATH <b>1 wk</b>  <b>1 yr +</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>cardiac decompensation</b>	DUE TO (b) <b>hypertensive cardiovascular disease</b>	
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>none</b>		

19a. DATE OF OPERATION <b>none</b>	19b. MAJOR FINDINGS OF OPERATION <b>none</b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>natural</b>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, etc.) <b>none</b>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>443X</b>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>none</b>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>none</b>
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22. I hereby certify that I attended the deceased from June 1954, to June 1954, that I last saw the deceased alive on June 19, 1954, and that death occurred at 6 A m., from the causes and on the date stated above.

23a. SIGNATURE <b>Wm J. Shan, Jr M.D.</b>	(Degree or title)	23b. ADDRESS <b>Lee Hosp, Fayette, Mo</b>	23c. DATE SIGNED <b>7-8-54</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>7/2/54</b>	24c. NAME OF CEMETERY OR CREMATORY <b>City Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Fayette, Missouri</b>
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DATE REC'D BY LOCAL REG. <b>JUL 22 1954</b>	REGISTRAR'S SIGNATURE <b>Clayde A. Bridges</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Ralph A. Carr</b>	ADDRESS <b>Fayette, Mo</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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, ~~by~~ ....., Student Embalmer No. .... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *Ralph A. Carr*.....  
Licensed Embalmer No. *33*  
P. O. Address *Jayette*.....

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.