

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

42095

State File No.

FILED JAN 11 1955

BIRTH NO. 134 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 3057 Registrar's No. 407

94/1

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

1. PLACE OF DEATH a. COUNTY <u>ST. FRANCOIS.</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>ST. FRANCOIS</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>BONNE TERRE</u>		c. CITY OR TOWN <u>BONNE TERRE</u>	
c. LENGTH OF STAY (in this place)		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 <u>420 MURRILL ST</u>		STREET ADDRESS (If rural, give location) <u>420 MURRILL ST 0941 0</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>ADA</u>		b. (Middle) <u>ALBERTA</u>	
c. (Last) <u>BOAS</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>DEC. 29. 1954</u>	
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>JAN. 22. 1888</u>
9. AGE (In years last birthday) <u>66</u>		IF UNDER 1 YEAR Months <u>11</u> Days <u>7</u>	IF UNDER 24 HRS. Hours <u>7</u> Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWORK</u>		10b. KIND OF BUSINESS OR INDUSTRY <input checked="" type="checkbox"/>	11. BIRTHPLACE (City and State or Foreign Country) <u>FARMINGTON Mo. 0</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>JOHN BREWSTER</u>	
13b. MOTHER'S MAIDEN NAME <u>ALICE HOLLAND</u>		14. NAME OF HUSBAND OR WIFE <u>JACOB BOAS</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NONE</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>JACOB BOAS</u>		ADDRESS <u>BONNE TERRE 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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>arterioventral regurgitation</u>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		INTERVAL BETWEEN ONSET AND DEATH <u>unk</u>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to death <u>hypertension, osteoarthritis, chronic sinusitis, diabetes</u>		22mo	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4211</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) (Min.)		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 <u>June 54</u> , 19 <u>54</u> , to <u>Dec 29</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>Dec 24</u> , 19 <u>54</u> and that death occurred at <u>8:45 P.</u> m., from the causes and on the date stated above.	
23a. SIGNATURE <u>H. C. Early M.D.</u> (Doctor or Title)		23b. ADDRESS <u>Reedley Mo</u>	
23c. DATE SIGNED <u>1-3-55</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	
24b. DATE <u>JAN. 1. 1955</u>		24c. NAME OF CEMETERY OR CREMATORY <u>BONNE TERRE</u>	
24d. LOCATION (City, town, or county) (State) <u>BONNE TERRE Mo</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Ethelred Hudlock</u>	
DATE REC'D BY LOCAL REG. <u>Jan. 3, 1955</u>		REGISTRAR'S SIGNATURE <u>289-0</u> ADDRESS <u>Bonham 2nd St Bonne June Mo.</u>	

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.....
C. J. Claywell

Licensed Embalmer No. *370*

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