

FILED APR 23 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER

15837

Registration District No. 325 Primary Registration District No. 4480 Registrar's No. 22

1. PLACE OF DEATH a. COUNTY Schuyler			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY Schuyler		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR Greentop TOWN		Inside Limits Y <input checked="" type="checkbox"/> N <input type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Greentop		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION at home		Length of stay in yrs	d. STREET ADDRESS Greentop		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last Charles French Boon			4. DATE OF DEATH April 15, 1957		
5. SEX M	6. COLOR OR RACE W	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Dec. 17, 1863	9. AGE (In years last birthday) 93	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Postmaster		10b. KIND OF BUSINESS OR INDUSTRY Postal Service	11. BIRTHPLACE (City and state or country) Champaign County, Ill	12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME Addison William Boon			14. MOTHER'S MAIDEN NAME Elizabeth French		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No X		16. SOCIAL SECURITY NO.	17. INFORMANT Address Mrs. Flossie Waddill, Greentop, Mo.		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Medullary failure</u> DUE TO (b) <u>Herbotoxic Encephalomalacia</u> DUE TO (c) <u>Arteriosclerosis</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a). 332X					INTERVAL BETWEEN ONSET AND DEATH
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)			
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from <u>Jan. 1957</u> to <u>4-14-57</u> and last saw him <u>him</u> alive on <u>4-14-57</u> . Death occurred at <u>4:25 P.M.</u> on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <u>Frankie Bird D.D.</u>			22b. ADDRESS Greentop, Mo.		22c. DATE SIGNED 4-17-57
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 4/17/57	23c. NAME OF CEMETERY OR CREMATORY Greentop Cemetery		23d. LOCATION (City, town, or county) (State) Greentop, Mo.
24. FUNERAL DIRECTOR <u>Paul W. [Signature]</u>		ADDRESS Kirksville, Mo.		25. DATE RECD. BY LOCAL REG.	26. REGISTRAR'S SIGNATURE

(Licensed Embalmer's Statement on Reverse Side)

Health, & Welfare
Public ServiceS. 300
1-56

All symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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 *George W. Davast*.....

Licensed Embalmer No. 479

P. O. Address *Hampden*

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.