FILED JUL 22 1957

THE DIVISION OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 25165

Registration District No. 164 Primary Registration District No. 5598 Registrar's No. 84

1. PLACE OF DEATH
a. COUNTY Johnson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Rural, Columbus T.S. Inside Limits Yes ☐ No No
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Residence, Centerview, Mo. Length of stay in 1b 10yrs.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Johnson
c. CITY OR TOWN Centerview, Mo. R.R. #I Inside Limits Yes ☐ No No
d. STREET ADDRESS (If outside, give location) R.R. No. I, Centerview, Mo. Reside on Farm Yes Yes No ☐

3. NAME OF DECEASED (Type or print) First ARTHUR Middle DUDLEY Last BOOSINGER,

4. DATE OF DEATH Month July Day 15th Year 1957

5. SEX Male
6. COLOR OR RACE White
7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH November 15, 1880
9. AGE (In years last birthday) 76
IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer
10b. KIND OF BUSINESS OR INDUSTRY Farming,
11. BIRTHPLACE (City and state or country) Johnson County, Mo.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Samuel Dudley Boosinger,
14. MOTHER'S MAIDEN NAME Alice Jane Parman,

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) no
16. SOCIAL SECURITY NO. 195,01,0281
17. INFORMANT Mrs. Zula Boosinger, Address Centerview, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Myocardial infarction — INTERVAL BETWEEN ONSET AND DEATH hidden
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Arteriosclerotic heart disease — years.
DUE TO (c) 420.0
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒ No 2

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
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 6-16-57, to 7-15-1957 and last saw ~~her~~ him alive on 7-9-57
Death occurred at 7-15-1957 9:30P on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) M.D.
22b. ADDRESS Warrensburg, Missouri
22c. DATE SIGNED 7-16-1957

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 7-17-1957
23c. NAME OF CEMETERY OR CREMATORY Sunset Hill Cemetery,
23d. LOCATION (City, town, or county) (State) Warrensburg, Missouri.

24. FUNERAL DIRECTOR R.A. Brauninger, ADDRESS Warrensburg, Mo.
25. DATE RECD. BY LOCAL REG. July 17, 1957
26. REGISTRAR'S SIGNATURE Savannah Crutchfield

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, Coroner, etc. must use only standard nomenclature in Item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

JUL 23 1957

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was e

by me, or by me....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed R A Brauninger

Licensed Embalmer No. 3

P. O. Address Warren

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. 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.