

FILED DEC 16 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

39596

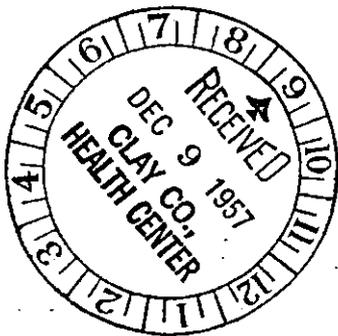
STATE FILE NUMBER

Registration District No. 71 Primary Registration District No. 3012 Registrar's No. 114

| | | | |
|---|------------------------------|--|---|
| 1. PLACE OF DEATH a. COUNTY <u>CLAX</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>CLAY</u> | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>EXCELSIOR SPRINGS</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | c. CITY OR TOWN <u>EXCELSIOR SPRINGS</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>305 WEST EXCELSIOR</u> Length of stay in lb <u>13 YEARS</u> | | d. STREET (If outside, give location) ADDRESS <u>305 WEST EXCELSIOR</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |
| 3. NAME OF DECEASED (Type or print) First Middle Last <u>PEARL MILDRED BOSWELL</u> | | | 4. DATE OF DEATH Month Day Year <u>NOV 26 1957</u> |
| 5. SEX <u>FEMALE</u> | 6. COLOR OR RACE <u>W</u> | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input checked="" type="checkbox"/> | 8. DATE OF BIRTH <u>DEC 12, 1888</u> |
| 9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u> | | 9b. KIND OF BUSINESS OR INDUSTRY <u>HOME</u> | 9c. AGE (In years last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. <u>68</u> Months Days Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>HOME</u> | 10c. BIRTHPLACE (City and state or country) <u>LAWSON, MO</u> |
| 11. BIRTHPLACE (City and state or country) <u>LAWSON, MO</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | |
| 13. FATHER'S NAME <u>ORVILLE HARRIS</u> | | 14. MOTHER'S MAIDEN NAME <u>MARY HIGHOWER</u> | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u> | | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address <u>WILMA ROBERTS, KIDDER, MO</u> |
| 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>CORONARY OCCLUSION</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____ DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) | | | INTERVAL BETWEEN ONSET AND DEATH <u>INSTANT</u> |
| 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.) <u>4201</u> | |
| 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>12-3-56</u> to <u>11-26-57</u> and last saw her alive on <u>FOUND DEAD</u> Death occurred at <u>5:30 A.</u> on the date stated above; and to the best of my knowledge, from the cause stated. | | | |
| 22a. SIGNATURE (Degree or title) <u>J. M. Cracker M.D.</u> | | 22b. ADDRESS <u>EXCELSIOR SPRINGS MO</u> | 22c. DATE SIGNED <u>11-26-57</u> |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u> | 23b. DATE <u>11-29-57</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>OLD UNION</u> | 23d. LOCATION (City, town, or county) (State) <u>5 MI EAST OF LAWSON, MO</u> |
| 24. FUNERAL DIRECTOR <u>Prichard Funeral Home, Inc.</u> <u>Excelsior Springs, Missouri</u> | | 25. DATE RECD. BY LOCAL REG. <u>12-1-57</u> | 26. REGISTRAR'S SIGNATURE <u>Caroline Hutchings</u> |

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Death, 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.



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 *Ralph Van Landingham*

Licensed Embalmer No. *400* ..
Gulvin Springs ..
P. O. Address ..

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