

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

20814-58

58-017812

STATE FILE NUMBER

FILED JUN 2 1958 Registration District No. 128 Primary Registration District No. 222 Registrar's No. 528A

300
1-57

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All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY Greene			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Greene		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Springfield		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Springfield 0396		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Burge		Length of stay in lb 1 day	d. STREET ADDRESS 1726 W. Thoman		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First DONALD Middle LEE Last BOSWELL			4. DATE OF DEATH Month May Day 20 , Year 1958		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH May 19, 1958	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months 22 Days 22
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Infant		10b. KIND OF BUSINESS OR INDUSTRY Infant	11. BIRTHPLACE (City and state or country) Springfield, Mo. 0		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME Harold Boswell		13b. MOTHER'S MAIDEN NAME Minnie Cooper		14. NAME OF HUSBAND OR WIFE none	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. no	17. INFORMANT Address Mr. & Mrs. Harold Boswell Springfield, 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) Intracranial Hemorrhage					INTERVAL BETWEEN ONSET AND DEATH 1 day
Conditions, if any, above cause (a), stating the under- lying cause lost. } DUE TO (b) Breech Presentation					
DUE TO (c) 7600					
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 <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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 <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/> 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 Springfield, Mo.		STATE Mo.
21. I attended the deceased from May 20, 1958 to May 20, 1958 and last saw him alive on May 20, 1958 Death occurred at 11:00 P. m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE Paul Busick M.D. (Degree or title)			22b. ADDRESS Springfield Mo.		22c. DATE SIGNED 5/22/58
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE May, 1958	23c. NAME OF CEMETERY OR CREMATORY Eastlawn		23d. LOCATION (City, town, or country) Springfield, Mo.
24. FUNERAL DIRECTOR Ralph Thieme ADDRESS Springfield, Mo.			25. DATE RECD. BY LOCAL REG. 5-26-58	26. REGISTRAR'S SIGNATURE Effie S. Meeter	

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 *Lee Mason*

(no arterial injection)

Licensed Embalmer No. 4568

P. O. Address Springfield, 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.