

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-005339

STATE FILE NUMBER

FILED MAR 5 1959 Registration District No. 140 Primary Registration District No. 3024 Registrar's No. 16

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1. PLACE OF DEATH a. COUNTY Howard		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Howard	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR Fayette TOWN		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Fayette 0450 Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Wells Rest Home		Length of stay in 1b 7 months	d. STREET ADDRESS (If outside, give location) 400 N. Mulberry Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First MELVINA Middle CATHERINE Last BOGGS			4. DATE OF DEATH Month Feb. Day 17, Year 1959		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Apr. 15, 1872		9. AGE (In years last birthday) 86 IF UNDER 1 YEAR: Months 10 Days 2 IF UNDER 24 HRS.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR OCCUPATION Own Home		11. BIRTHPLACE (City and state or country) Howard Co. Missouri	
13a. FATHER'S NAME William Riley Brown			13b. MOTHER'S MAIDEN NAME Lucy Catherine Hackley		14. NAME OF HUSBAND OR WIFE Joseph Carr Boggs

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. None		17. INFORMANT Address Mrs Lewis Means Fayette, Mo	
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cardiac decompensation			INTERVAL BETWEEN ONSET AND DEATH 6 mo.
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) Malnutrition & cerebral atrophy 1 mo.			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 _____ a.m. _____ p.m. Month _____ Day _____ Year _____			20d. INJURY OCCURRED WHILE AT <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 Fayette		COUNTY Missouri	STATE Missouri
21. I attended the deceased from May 20 '58 to Feb. 16 '59 and last saw her alive on Feb 16, 1959 Death occurred at _____ on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE M. J. Shaw M.D. (Degree or title)			22b. ADDRESS Fayette Mo.		22c. DATE SIGNED 2-20-59

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 2/19/59	23c. NAME OF CEMETERY OR CREMATORY Walnut Ridge Cemetery		23d. LOCATION (City, town, or county) (State) Fayette, Missouri
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24. FUNERAL DIRECTOR Ralph D. Carr		ADDRESS Fayette, Mo	25. DATE RECD. BY LOCAL REG. 2-20-59	26. REGISTRAR'S SIGNATURE Mary K. Shell	
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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 *Donald L Roberts*

Licensed Embalmer No. *4722*

P. O. Address *Fayette, 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.