

FEDERAL BUREAU OF INVESTIGATION - DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

'59 0 4 3 8 7 9

FILED VS JAN 11 1960

STATE FILE NUMBER

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 1426

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| 1. PLACE OF DEATH | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) | |
| a. COUNTY <u>Greene</u> | a. STATE <u>Missouri</u> COUNTY <u>Greene</u> | | |
| b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN <u>Springfield</u> | Length of stay in 1b <u>Life</u> | c. CITY OR TOWN <u>Springfield</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>Spngfld. Baptist Hosp.</u> | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | d. STREET ADDRESS (If outside, give location) <u>2105 E. Grand</u> | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |

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|--|-------------------------------|--|--|---|--|
| 3. NAME OF DECEASED (Type or print) First <u>Charles</u> Middle <u>Everett</u> Last <u>Boatman</u> | | | 4. DATE OF DEATH Month <u>December</u> Day <u>30</u> Year <u>1959</u> | | |
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH <u>6-14-1916</u> | 9. AGE (last birthday) <u>43</u> | IF UNDER 1 YEAR Months Days Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Minister</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Church of God</u> | 11. BIRTHPLACE (City and state or country) <u>Missouri</u> | 12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u> | |
| 13a. FATHER'S NAME <u>Marion W. Boatman</u> | | 13b. MOTHER'S MAIDEN NAME <u>Mary Ellen Ousley</u> | | 14. NAME OF HUSBAND OR WIFE <u>Mary Boatman</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. <u>703-03-7166</u> | 17. INFORMANT Address <u>Mary Boatman-Springfield, Mo.</u> | | |

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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: | | INTERVAL BETWEEN ONSET AND DEATH <u>9 mos.</u> |
| IMMEDIATE CAUSE (a) <u>A mega karyocytic thrombocytopenic purpura</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) | | PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |

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|---|---|--|---|
| 19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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 <u>1:20</u> a.m. p.m. Month, Day, Year <u>Aug 1959</u> | | | |
| 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 <u>Springfield, Mo.</u> | COUNTY <u>Greene</u> STATE <u>Missouri</u> |
| 21. I attended the deceased from <u>1 Aug 1959</u> to <u>30 Dec 1959</u> and last saw <u>him</u> live on <u>29 Dec 1959</u> . Death occurred at <u>1:20 a.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE (Deceased or title) <u>Francie M. Thistle MD</u> | | 22b. ADDRESS <u>Springfield, Mo.</u> | 22c. DATE SIGNED <u>4 Jan 60</u> |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 23b. DATE <u>1-2-1960</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>Greenlawn Cemetery</u> | 23d. LOCATION (City, town, or county) <u>Springfield Missouri</u> |
| 24. FUNERAL DIRECTOR ADDRESS <u>Rex Rainey-Springfield, Mo.</u> | | 25. DATE RECD. BY LOCAL REG. <u>Jan 5, 1960</u> | 26. REGISTRAR'S SIGNATURE <u>Offie S. Mellon</u> |

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

APR 8 1960

JAN 14 1960

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____ or by _____ Student Embalmer No. _____ working under my personal supervision.

Student _____ Signature of Student Embalmer

Signed [Signature]

Licensed Embalmer No. 3312

P. O. Address Springfield, I

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.