URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-60-027893
STATE FILE NUMBER

LED VS AUG 8 1960
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Registration District No. 2 9 2 Primary Registration District No. _____ Registrar's No. 86

1. PLACE OF DEATH
a. COUNTY: Polk
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Humansville, Mo — Length of stay in 1b: 4 Years
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Home — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo b. COUNTY: Polk
c. CITY OR TOWN: Bolivar — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): None — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: Mattie Middle: Lea Last: Boos
4. DATE OF DEATH: Month: July Day: 30, Year: 1960
5. SEX: Female
6. COLOR OR RACE: White
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH: 3/18/1886
9. AGE (last birthday): 74
IF UNDER 1 YEAR: Months ___ Days ___ IF UNDER 24 HR: Hours ___ Min. ___
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: None
11. BIRTHPLACE (City and state or country): Polk County
12. CITIZEN OF WHAT COUNTRY: USA
13a. FATHER'S NAME: William Claspill
13b. MOTHER'S MAIDEN NAME: Julia Bell O'Conner
14. NAME OF HUSBAND OR WIFE: Lewis A. Boos Deceased
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: None
17. INFORMANT: Mrs. Audwene Burrell Address: Humansville, 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): Chronic Myocarditis + Myocardial -
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): degeneration
DUE TO (c): _____
INTERVAL BETWEEN ONSET AND DEATH: _____
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. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
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 Dec 11 1958, to July 30, 1960 and last saw her/him alive on July 29. 1960.
Death occurred at 9:25 A. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: Dr. E. S. Brown (Degree or title) D.O.
22b. ADDRESS: Collins Mo
22c. DATE SIGNED: 8-2-60

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 8/2/60
23c. NAME OF CEMETERY OR CREMATORY: Greenwood Cemetery
23d. LOCATION (City, town, or county) (State): Bolivar, Mo

24. FUNERAL DIRECTOR: Paul D. Butler ADDRESS: Bolivar, Mo
25. DATE RECD. BY LOCAL REG.: Aug 4, 1960
26. REGISTRAR'S SIGNATURE: Ralph Gordon per Jewell Gordon

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

AUG 8 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 m

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed Paul D Buttle

Licensed Embalmer No. 4471

P. O. Address Bolivar

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