

FILED JUN 5 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 17618  
Registrar's No. 13

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 248 PRIMARY REG. DIST. NO. 4369

1. PLACE OF DEATH a. COUNTY <u>Newton</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Newton</u>	
b. CITY OR TOWN <u>Seneca</u>		c. CITY OR TOWN <u>Seneca</u> 0730	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Jeff</u> b. (Middle) <u>Davis</u> c. (Last) <u>Boman</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>May 20 1950</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) <u>wid.</u>	8. DATE OF BIRTH <u>July 4, 1861</u>
9. AGE (In years last birthday) <u>88</u>		IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 1 HR. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <u>farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Arkansas</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Joshua Boman</u>	
13b. MOTHER'S, MAIDEN NAME <u>Louise Baker</u>		14. NAME OF HUSBAND OR WIFE <u>Mary</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'S SIGNATURE OR NAME <u>J. W. Boman</u>		ADDRESS <u>Seneca Mo</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Flu and complications</u> INTERVAL BETWEEN ONSET AND DEATH  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Severe infirmities</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>48K</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		21a. ACCIDENT SUICIDE HOMICIDE (Specify)	
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>5-10</u> , 19 <u>50</u> , to <u>5-20</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>5-16</u> , 19 <u>50</u> , and that death occurred at <u>3:00 p. m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>P. J. Scudder M.D.</u>		23b. ADDRESS <u>Seneca Mo</u>	
23c. DATE SIGNED <u>5-22-50</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>5-23-50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Roller Cem.</u>	
24d. LOCATION (City, town, or county) (State) <u>McDonald Co. Mo.</u>		DATE REC'D BY LOCAL REG. <u>5-22-50</u>	
REGISTRAR'S SIGNATURE <u>Phyllis Brite</u>		5. FUNERAL DIRECTOR'S SIGNATURE <u>W. E. DeLeon</u>	
ADDRESS <u>Seneca Mo</u>		ADDRESS	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD.

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RECEIVED

District Health Officer No. Newton County Health Dept.

District File Number 650-123

Date Filed MAY 31 1950

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 \_\_\_\_\_  
Student Embalmer

Signed W E Beddlesome

Licensed Embalmer No. 2194

P. O. Address Seneca 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 this body is not embalmed, fact should be so stated above.