

FILED NOV 17 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

38292

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 9265

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) <u>St. Louis</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>St. Louis</u> <u>2059</u>	
c. LENGTH OF STAY (in this place) <u>45yrs</u>		d. STREET ADDRESS (If rural, give location) <u>6179 Kingsbury</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Res. 6179 Kingsbury</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Ethel</u> b. (Middle) <u>Hyner</u> c. (Last) <u>Boling</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 30, 1950</u>		
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Nov. 30 1873</u>	9. AGE (In years last birthday) <u>76</u> IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 24 HRS.: Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House Wife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>		11. BIRTHPLACE (State or foreign country) <u>St. Louis Mo.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>Usa</u>					

13a. FATHER'S NAME <u>Ernest Hyner</u>		13b. MOTHER'S MAIDEN NAME <u>Mary McBride</u>		14. NAME OF HUSBAND OR WIFE <u>Wm. John Boling</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> <u>None</u>		16. SOCIAL SECURITY NO. <u>No</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Wm. J. Boling 6179 Kingsbury Ave.</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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u>		MEDICAL CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES (b) <u>she only lived about 5 min after my arrival</u>		
	MORBID CONDITIONS, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>H2O</u>	

22. I hereby certify that I attended the deceased from Feb, 1935, to Oct 30, 1950 that I last saw the deceased alive on Oct 30, 1950, and that death occurred at 2 P. m., from the causes and on the date stated above.

23a. SIGNATURE <u>W. R. Parmann</u> <u>M.D.</u>		23b. ADDRESS <u>3903 Olive</u>		23c. DATE SIGNED <u>10/31-50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>Nov 1, 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Springfield Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Springfield Mo.</u>					

DATE REC'D BY LOCAL REG. <u>OCT 31 1950</u>		REGISTRAR'S SIGNATURE <u>J. B. Lanter</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Gleason &amp; Sons 6175 Delmar</u>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Dr. J. R. Barman  
3903 Olive  
Je 4086  
at 12:30  
507

**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

*Jos. E. McCulloch*

Licensed Embalmer No. 2460

P. O. Address 6175 Delma

**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.