

No. 300
10.48

FILED JAN 26 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

2118

State File No.

BIRTH NO. _____ REG. DIST. NO. 278 PRIMARY REG. DIST. NO. 3054 Registrar's No. 1

1. PLACE OF DEATH a. COUNTY <u>PIKE</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>PIKE</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>LOUISIANA</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>LOUISIANA</u> <u>0821</u>	
c. LENGTH OF STAY (In this place) <u>LIFE</u>		d. STREET ADDRESS (If rural, give location) <u>521 DOUGLAS ST.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>PIKE COUNTY HOSPITAL</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>ANDERSON</u> b. (Middle) <u>BOYLES</u> c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) <u>JAN. 6, 1951</u>		
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5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	8. DATE OF BIRTH <u>FEB. 17, 1870</u>	9. AGE (In years last birthday) <u>80</u>	if UNDER 1 year Months Days	if UNDER 28 yrs. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>GARDENER</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>VEGETABLES</u>	11. BIRTHPLACE (State or foreign country) <u>ILLINOIS</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>LEIGE BOYLES</u>	13b. MOTHER'S MAIDEN NAME <u>Unknown</u>	14. NAME OF HUSBAND OR WIFE _____
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	16. SOCIAL SECURITY NO. <u>no</u>	17. INFORMANT'S SIGNATURE OR NAME <u>WALDEAN HOWELEY</u> ADDRESS <u>LOUISIANA, MO</u>
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Anemia + Broncho-pneumonia</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 wk</u> <u>2 wks</u> <u>12/21/50</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertensive Cardio</u> DUE TO (c) <u>Vascular Renal Dis.</u>		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Fractured Hips</u>		

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT (Specify) <u>Slip on Stair</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>home</u>	21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE) <u>Louisiana Pike Mo</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>12-21-50 2 a.m.</u>	21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR <u>fell at bedside</u> <u>89030</u> <u>21</u>
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22. I hereby certify that I attended the deceased from 12-21, 1950, to 1-6, 1951, that I last saw the deceased alive on 1-6, 1951, and that death occurred at 11:25 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Chas. H. Lewellen, M.D.</u>	23b. ADDRESS <u>Louisiana Mo.</u>	23c. DATE SIGNED <u>1/7/51</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>Jan. 8, 1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Riverview Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Louisiana Mo.</u>
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DATE REC'D BY LOCAL REG. <u>Jan 7, 1951</u>	REGISTRAR'S SIGNATURE <u>Bernice Collier</u> <u>374</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Kaley Mortuary</u> ADDRESS <u>Louisiana, Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Date Filed: **JAN 12 1951**
DISTRICT HEALTH OFFICE #2
District File Number 1-51-134
Date Filed: **JAN 24 1951**

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 _____

working under my personal supervision.

Student Embalmer No.

Signed

Geo. M. Callier

Signed.....

Student Embalmer

Licensed Embalmer No. 3839

P. O. Address Louisiana, Me

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.