

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

40680

State File No. 1345 1117

BIRTH NO. REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 1345 1117

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

| | | | |
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| 1. PLACE OF DEATH a. COUNTY Buchanan | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Buchanan | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph | c. LENGTH OF STAY (in this place) 1 day | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION Mo. Methodist Hospital | | d. STREET ADDRESS (If rural, give location) 1627 Beattie St. | |

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|---|--|----------------|-----------------|---|--|--|
| 3. NAME OF DECEASED (Type or Print) a. (First) WILLIAM | | b. (Middle) D. | c. (Last) BOYLE | 4. DATE OF DEATH (Month) (Day) (Year) 12 20 1951 | | |
|---|--|----------------|-----------------|---|--|--|

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|-------------|------------------------|--|---------------------------|------------------------------------|------------------------|-----------------------|-------|------|
| 5. SEX Male | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married | 8. DATE OF BIRTH 5/4/1870 | 9. AGE (In years last birthday) 81 | IF UNDER 1 YEAR Months | IF UNDER 24 HRS. Days | Hours | Min. |
|-------------|------------------------|--|---------------------------|------------------------------------|------------------------|-----------------------|-------|------|

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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Plumber | | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) Adair Co. Iowa | | 12. CITIZEN OF WHAT COUNTRY? U.S.A. | |
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|----------------------------------|--|--------------------------------|--|--|--|
| 13a. FATHER'S NAME Francis Boyle | | 13b. MOTHER'S MAIDEN NAME unk. | 14. NAME OF HUSBAND OR WIFE Mary Boyle | | |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no. | 16. SOCIAL SECURITY NO. not given | 17. INFORMANT'S SIGNATURE OR NAME Mrs. Mary K. Boyle | | ADDRESS St. Joseph |
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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, asphyxia, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Pulmonary Edema ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Aortic Stenosis DUE TO (c) Arteriosclerosis Generalized II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | INTERVAL BETWEEN ONSET AND DEATH 3 hrs unknown Unknown |
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|------------------------|--|--|---|--|
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION 4500 | | 20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> | |
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| 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) |
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|--|--|----------------------------|
| 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? |
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22. I hereby certify that I attended the deceased from 12-19-1951, to 12-20-1951, that I last saw the deceased alive on 12-19-1951, and that death occurred at 12:50A m., from the causes and on the date stated above.

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| 23a. SIGNATURE (Degree or title) <i>Urwil Steing MD</i> | 23b. ADDRESS Tootle Building 2 Jourd. M. | 23c. DATE SIGNED 21 Dec 51 |
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|--|-----------------------|--|---|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 24b. DATE Dec 22 1951 | 24c. NAME OF CEMETERY OR CREMATORY Mt. Auburn Cemetery | 24d. LOCATION (City, town, or county) (State) St. Joseph Missouri |
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| DATE REC'D BY LOCAL REG. Dec 31, 1951 | REGISTRAR'S SIGNATURE Carl C. Castor 446 | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS St. Joseph Mo |
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(Licensed Embalmer's Statement on Reverse Side)

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 Charles E. Bennett

Licensed Embalmer No. 4677

P. O. Address St. Joseph

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.