

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **21580**

FILED JUL 10 1952

BIRTH NO. _____		REG. DIST. NO. <b>301</b>		PRIMARY REG. DIST. NO. <b>6042</b>		Registrar's No. <b>299</b>	
1. PLACE OF DEATH a. COUNTY <b>Ripley</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Mo.</b> b. COUNTY <b>Ripley</b>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rural Varner</b>		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rural Varner</b>		0910	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>4 m west of Naylor</b>				d. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print) <b>James William Boyle</b>				4. DATE OF DEATH <b>June 21 1952</b>			
5. SEX <b>male</b>		6. COLOR OR RACE <b>white</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>		8. DATE OF BIRTH <b>15, Jan, 1866</b>	
9. AGE (In years last birthday) <b>86</b>		10. UNDER 1 YEAR Months		11. UNDER 100 HOURS		12. UNDER 100 MIN.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Carpenter</b>				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <b>Mcclain Co. Ky. /</b>	
12. CITIZEN OF WHAT COUNTRY? <b>US</b>							
13a. FATHER'S NAME <b>Tom Boyle</b>		13b. MOTHER'S MAIDEN NAME <b>Unknown</b>		14. NAME OF HUSBAND OR WIFE <b>Mattie Boyle</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>		16. SOCIAL SECURITY NO. <b>none</b>		17. INFORMANT'S SIGNATURE OR NAME <b>R. B. Boyle</b> ADDRESS <b>Naylor, Mo.</b>			
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) <b>chronic nephritis with myocardial degeneration</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>none</b> DUE TO (c) <b>none</b> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>none</b>				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>none</b>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>none</b>		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?			
22. I hereby certify that I attended the deceased from <b>May 25, 1952</b> , to <b>June 21, 1952</b> , that I last saw the deceased alive on <b>May 25, 1952</b> , and that death occurred at <b>8A</b> m., from the causes and on the date stated above.							
23a. SIGNATURE <b>R. B. Boyle</b> (Degree or title)		23b. ADDRESS <b>Naylor, Mo.</b>		23c. DATE SIGNED <b>6/22/52</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>June 23/52</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Naylor</b>		24d. LOCATION (City, town, or county) (State) <b>Naylor, Mo.</b>	
DATE REC'D BY LOCAL REG. <b>6/26/52</b>		REGISTRAR'S SIGNATURE <b>E. B. Johnston</b> <b>277</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Gish Funeral Home</b> ADDRESS <b>Naylor, Mo.</b>			

(Licensed Embalmer's Statement on Reverse Side)

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

**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 Bryan C. McCord

Licensed Embalmer No. 4079

P. O. Address Waycross, Ga.

**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.