

FILED AUG 8 1952

# THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

State File No. 23755  
Registrar's No. 360

|   |                                  |  |  |   |  |  |  |
|---|----------------------------------|--|--|---|--|--|--|
| BIRTH NO. _____   |                                  | REG. DIST. NO. <u>43</u>   |  | PRIMARY REG. DIST. NO. <u>3007</u>  |  | Registrar's No. <u>360</u>   |  |
| 1. PLACE OF DEATH<br>a. COUNTY <u>Butler</u>  |                                  |  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>a. STATE <u>Missouri</u> b. COUNTY <u>Stoddard</u> |  |  |  |
| b. CITY (If outside corporate limits, write RURAL and give township)<br><u>TOWN Poplar Bluff</u>  |                                  |  |  | c. CITY (If outside corporate limits, write RURAL and give township)<br><u>Rural (Liberty Twp.)</u>   |  |  |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION<br><u>Doctor's Hospital</u>   |                                  |  |  | d. STREET ADDRESS (If rural, give location)<br><u>R.F.D. #1, Bernie, Mo.</u>  |  |  |  |
| 3. NAME OF DECEASED<br>(Type or Print)  |                                  | a. (First) <u>Luther</u>   |  | b. (Middle) <u>Eli</u>  |  | c. (Last) <u>Boyle</u>   |  |
| 4. DATE OF DEATH  |                                  | (Month) <u>July</u>  |  | (Day) <u>18</u>   |  | (Year) <u>1952</u>   |  |
| 5. SEX<br><u>Male</u>   | 6. COLOR OR RACE<br><u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)<br><u>Married</u>                               |  | 8. DATE OF BIRTH<br><u>Feb. 21, 1886</u>  |  | 9. AGE (In years last birthday)<br><u>66</u>                             |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>Farmer</u>  |                                  | 10b. KIND OF BUSINESS OR INDUSTRY  |  | 11. BIRTHPLACE (City and State or Foreign Country)<br><u>Hattieville, Arkansas</u>  |  | 12. CITIZEN OF WHAT COUNTRY?<br><u>U. S.</u>                             |  |
| 13a. FATHER'S NAME<br><u>James M. Boyle</u>   |                                  | 13b. MOTHER'S MAIDEN NAME<br><u>Julia Hug</u>  |  | 14. NAME OF HUSBAND OR WIFE<br><u>Rosie M. Boyle</u>  |  |  |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><u>no</u>   |                                  | 16. SOCIAL SECURITY NO.<br><u>---</u>  |  | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS<br><u>Mrs. Rosie M. Boyle, Bernie, Mo.</u>  |  |  |  |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*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) <u>Uremia</u>  |                                  |  |  | INTERVAL BETWEEN ONSET AND DEATH<br><u>2 weeks</u>  |  |  |  |
| ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <u>Chronic glomerulonephritis</u>   |                                  |  |  | <u>Undetermined</u>   |  |  |  |
| DUE TO (c) <u>myocardial fibrosis</u>   |                                  |  |  | <u>Undetermined</u>   |  |  |  |
| II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.   |                                  |  |  |   |  |  |  |
| 19a. DATE OF OPERATION  |                                  | 19b. MAJOR FINDINGS OF OPERATION<br><u>592X</u>  |  | 20. AUTOPSY?<br>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.)               |  | 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?<br><u>T ap</u>   |  |  |  |
| 22. I hereby certify that I attended the deceased from <u>7-1-52</u> , 19 <u>52</u> , to <u>7-18-</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>7-18-</u> , 19 <u>52</u> , and that death occurred at <u>3:30 Pm.</u> from the causes and on the date stated above. |                                  |  |  |   |  |  |  |
| 23a. SIGNATURE<br><u>Robert Chisholm M.D.</u>   |                                  |  |  | 23b. ADDRESS<br><u>Poplar Bluff, Mo.</u>  |  | 23c. DATE SIGNED<br><u>7/30/52</u>                                       |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>Burial</u>  |                                  | 24b. DATE<br><u>7-20-52</u>  |  | 24c. NAME OF CEMETERY OR CREMATORY<br><u>Malden Memorial Park</u>   |  | 24d. LOCATION (City, town, or county) (State)<br><u>Malden, Missouri</u> |  |
| DATE REC'D BY LOCAL REG.<br><u>7-30-52</u>  |                                  | REGISTRAR'S SIGNATURE<br><u>Wm. H. Johnson</u>   |  | 25. FUNERAL DIRECTOR'S SIGNATURE<br><u>Strickland-Rainey</u>  |  | ADDRESS<br><u>Dexter, Mo.</u>  |  |

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED  
AUG 6 1952

BUTLER CO. HEALTH CENTER

FILE No. 852-398

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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

  
Licensed Embalmer No. 3479

P. O. Address North, 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.