

No. 300  
10748

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

24149

FILED AUG 4 1952

State File No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 704-B

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

1. PLACE OF DEATH a. COUNTY <u>GREENE</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Christian</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Springfield</u>		c. LENGTH OF STAY (In this place) <u>4 days</u>	
c. CITY (If outside corporate limits, write RURAL and give township) <u>Chadwick</u>		d. STREET ADDRESS (If rural, give location) <u>none</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ZARK OSTEOPATHIC HOSPITAL</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Charley</u> b. (Middle) <u>Crag</u> c. (Last) <u>Boles</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>JULY 25 1952</u>		
5. SEX <u>Male</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Divorced 3</u>	
8. DATE OF BIRTH <u>APRIL 4-1899</u>		9. AGE (In years last birthday) <u>53</u>		10. IF UNDER 1 YEAR: Months _____ Days _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>none</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>Chadwick, Missouri</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>					

13a. FATHER'S NAME <u>John W. Boles</u>		13b. MOTHER'S MAIDEN NAME <u>Ida S. Darlin</u>		14. NAME OF HUSBAND OR WIFE <u>Ruth Betty</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>Yes</u> (If yes, give war or dates of service) <u>after 1st World War</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Ed Boles</u> ADDRESS <u>Chadwick, Mo.</u>	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) <u>about 1920 War</u>		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Circulatory failure.</u>		DUE TO (b) <u>Surgical shock</u>			
ANTECEDENT CAUSES (Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.)		DUE TO (c) <u>Advanced Osteomyelitis of the right femur</u>		<u>7301</u>	
II. OTHER SIGNIFICANT CONDITIONS (Conditions contributing to the death but not related to the disease or condition causing death.) <u>Pathological fracture of right femur</u>					

19a. DATE OF OPERATION <u>7/25/52</u>		19b. MAJOR FINDINGS OF OPERATION <u>Amputation of right femur at junction of middle and distal third</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE <u>accident home while asleep</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>home while asleep</u>		21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE) <u>Chadwick Christian Mo.</u>	
21d. TIME OF INJURY <u>7-16-52 P.M.</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Pathological fracture occurred when the pt. turned in bed while asleep</u>	

22. I hereby certify that I attended the deceased from 7/24/52 to 7/25, 1952, that I last saw the deceased alive on 7/25, 1952, and that death occurred at 8:25 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>Ed Boles</u> (Degree or title) _____		23b. ADDRESS <u>Springfield, Mo.</u>		23c. DATE SIGNED <u>7/25/52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>JULY 30 1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>CHADWICK CEMETERY</u>	
		24d. LOCATION (City, town, or county) (State) <u>CHADWICK MISSOURI</u>			

DATE REC'D BY LOCAL REG. <u>7-29-52</u>		REGISTRAR'S SIGNATURE <u>Edith Williamson</u>		5. FUNERAL DIRECTOR'S SIGNATURE <u>John Alan Harris</u> ADDRESS <u>Chadwick, Mo.</u>	
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1952  
AUG 7

**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 John Dean Harris

Licensed Embalmer No. 4390

P. O. Address Cleveland, 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.