

## STANDARD CERTIFICATE OF DEATH

39369

State File No. ....

FILED DEC 12 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 385 PRIMARY REG. DIST. NO. 3039 Registrar's No. 517

1. PLACE OF DEATH  
a. COUNTY LINN

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).  
a. STATE MISSOURI b. COUNTY LINN

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN MARCELINE c. LENGTH OF STAY (in this place) 10 DAYS

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN FURDIN 0511

d. FULL NAME OF HOSPITAL OR INSTITUTION ST. FRANCIS HOSPITAL

d. STREET ADDRESS (If rural, give location) RFD - 7mi EAST

3. NAME OF DECEASED (Type or Print)  
a. (First) AGNES b. (Middle) VINCENTIA c. (Last) BOYLES

4. DATE OF DEATH (Month) (Day) (Year) NOV. 29, 1952

5. SEX F 6. COLOR OR RACE W. 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED 8. DATE OF BIRTH JAN. 12, 1881 9. AGE (In years last birthday) 71 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE 10b. KIND OF BUSINESS OR INDUSTRY OWN HOME 11. BIRTHPLACE (State or foreign country) EDBERG, AUSTRIA 12. CITIZEN OF WHAT COUNTRY? U.S.

13a. FATHER'S NAME JOHN MATTES 13b. MOTHER'S MAIDEN NAME ANNA MARIE HAAS 14. NAME OF HUSBAND OR WIFE DR. JOHN M. BOYLES

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO 16. SOCIAL SECURITY NO. NONE 17. INFORMANT'S SIGNATURE OR NAME ADDRESS NOLAN BOYLES, PURDIN, MO

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) Coronary Thrombosis severe INTERVAL BETWEEN ONSET AND DEATH \_\_\_\_\_

ANTECEDENT CAUSES  
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  
DUE TO (b) C Myocardial Infarction  
DUE TO (c) Coronary Sclerosis

II. OTHER SIGNIFICANT CONDITIONS  
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION \_\_\_\_\_ 19b. MAJOR FINDINGS OF OPERATION \_\_\_\_\_ 20. AUTOPSY? YES  NO

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) 4201

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) \_\_\_\_\_ 21e. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK  21f. HOW DID INJURY OCCUR? \_\_\_\_\_

22. I hereby certify that I attended the deceased from 11-21, 1952, to 11-29, 1952, that I last saw the deceased alive on 11-28, 1952, and that death occurred at 9:00 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) \_\_\_\_\_ 23b. ADDRESS \_\_\_\_\_ 23c. DATE SIGNED 11-30-52

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL 24b. DATE DEC. 1, 1952 24c. NAME OF CEMETERY OR CREMATORY BEAR BRANCH CEM. 24d. LOCATION (City, town, or county) (State) PURDIN, MO.

DATE REC'D BY LOCAL REG. 12/1/52 REGISTRAR'S SIGNATURE Manfred Owen 401 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Harold B. Wright, BROOKFIELD, MO

(Licensed Embalmer's Statement on Reverse Side)

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

581  
0

011 0 1955

**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 Harold B. Wright

Licensed Embalmer No. 3718

P. O. Address Brookfield, 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.