

FILED APR 26 1954

REGISTRY OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **11633**

BIRTH NO. _____		REG. DIST. NO. 101		PRIMARY REG. DIST. NO. 5393		Registrar's No. 19	
1. PLACE OF DEATH a. COUNTY Douglas				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Douglas			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Ava, R, Benton		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Ava Rural, Benton		340	
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location) 0			
3. NAME OF DECEASED (Type or Print) a. (First) Charolett			b. (Middle)		c. (Last) Boley		4. DATE OF DEATH (Month) (Day) (Year) 4-16-54
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, 2 WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 2-22-74		9. AGE (In years last birthday) 80	IF UNDER 1 YEAR Months	IF UNDER 4 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) D Craig, Missouri		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME James T. Hurst			13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE		
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 Mrs. Lorene Heath, Ava, Mo.			
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 Cerebral Apoplexy ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Chronic Hypertension DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Chronic Myocarditis					INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 334 X					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.)		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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 7: P. m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) M. C. Henry M.D.				23b. ADDRESS Ava Mo.		23c. DATE SIGNED 4-17-54	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 4-18-54	24c. NAME OF CEMETERY OR CREMATORY Bess Chapel		24d. LOCATION (City, town, or county) (State) Pattonsburg, Missouri		
DATE REC'D BY LOCAL REG. Apr. 23-54		REGISTRAR'S SIGNATURE Vestal Bushman		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Linkingbeard Funeral Home, Ava, Mo.			

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

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MAR 27 1957

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 Lyle C. Stinkingbeard

Licensed Embalmer No. 4830

P. O. Address Avon, 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.