

THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

FILED JAN 16 1956

State File No. **3521**

BIRTH NO. _____		REG. DIST. NO. <u>337</u>		PRIMARY REG. DIST. NO. <u>4497</u>		Registrar's No. <u>2</u>	
1. PLACE OF DEATH a. COUNTY <u>Shelby</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Shelby</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Clarence</u>		c. LENGTH OF STAY (In this place) <u>10Yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Clarence</u>		1020	
d. FULL NAME OF HOSPITAL OR INSTITUTION _____				d. STREET ADDRESS (If rural, give location) _____			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Mox</u> b. (Middle) <u>Clarence</u> c. (Last) <u>Boling</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>January 2nd 1956</u>				
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>June 9th 1854</u>	
9. AGE (In years last birthday) <u>101</u>		10. MONTHS <u>6</u> DAYS <u>23</u>		11. BIRTHPLACE (State or foreign country) <u>Germany</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>		13a. FATHER'S NAME <u>Henry Boling</u>		13b. MOTHER'S MAIDEN NAME <u>Frances Smith</u>	
13c. NAME OF HUSBAND OR WIFE <u>Deceased</u>		14. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service) _____		15. SOCIAL SECURITY NO. _____		16. INFORMANT'S SIGNATURE OR NAME <u>John Boling</u> ADDRESS <u>Clarence Mo</u>	
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) <u>Acute circulatory collapse</u> ANTECEDENT CAUSES <u>Transition</u> Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) <u>4500</u> II. OTHER SIGNIFICANT CONDITIONS <u>Arteriosclerosis</u> 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 <input type="checkbox"/> NO <input checked="" type="checkbox"/>		INTERVAL BETWEEN ONSET AND DEATH <u>2 hours</u> <u>1 mo.</u> <u>Unk.</u>	
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) _____		21f. HOW DID INJURY OCCUR? _____	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		22. I hereby certify that I attended the deceased from <u>3-8</u> , 19 <u>55</u> , to <u>1-2</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>12-29</u> , 19 <u>55</u> , and that death occurred at _____ m., from the causes and on the date stated above.			
23a. SIGNATURE <u>Dean Rhull</u> (Degree or title) <u>D.O.</u>		23b. ADDRESS <u>Clarence, Mo</u>		23c. DATE SIGNED <u>1-7-56</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>1/4/56</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Maplewood cemy</u>		24d. LOCATION (City, town, or county) (State) <u>Clarence Mo</u>	
DATE REC'D BY LOCAL REG. <u>1-12-56</u>		REGISTRAR'S SIGNATURE <u>Ada Garrison</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Barkelaw & Hawkins</u> ADDRESS <u>Clarence mo</u>			

(Licensed Embalmer's Statement on Reverse Side)

JAN 13 1954

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

Henry A. Barkley

Licensed Embalmer No. *3835*

P. O. Address *Shelburne - 70*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to complete the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.