

FILED MAY 22 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH'57 0 1 7 6 8 6  
STATE FILE NUMBERRegistration District No. 160 Primary Registration District No. 3030 Registrar's No. 39

1. PLACE OF DEATH a. COUNTY <b>Jefferson</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Jefferson</b>				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Festus</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <b>Festus</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>718 RIDGE AVE.</b>				Length of stay in 1b		d. STREET ADDRESS (If outside, give location) <b>718 Ridge</b>		
3. NAME OF DECEASED (Type or print) <b>Thomas</b>			First <b>Thomas</b>		Middle <b>Layfielt</b>		Last <b>Boland</b>	
4. DATE OF DEATH <b>April 30, 1957</b>		Month <b>April</b>		Day <b>30</b>		Year <b>1957</b>		
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <b>Dec. 5, 1872</b>		
9. AGE (In years last birthday) <b>84</b>		IF UNDER 1 YEAR Months <b>4</b> Days <b>21</b> Hours <b>0</b> Min. <b>0</b>		IF UNDER 24 HRS. Hours <b>0</b> Min. <b>0</b>				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Glassworker (Retired)</b>				10b. KIND OF BUSINESS OR INDUSTRY <b>GLASS Mfg.</b>		11. BIRTHPLACE (City and state or country) <b>MINNATH, Mo.</b>		
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>				13. FATHER'S NAME <b>Peter Boland</b>				
14. MOTHER'S MAIDEN NAME <b>Elvira Scott</b>				15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>				
16. SOCIAL SECURITY NO. <b>488-03-4227</b>				17. INFORMANT Address <b>Mrs. Louisa Boland, 718 Ridge, Festus, Mo.</b>				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Pneumonia foliaceus</b> DUE TO (b) <b>Cardiovascular disease</b> DUE TO (c) <b>Hypertension</b> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)							INTERVAL BETWEEN ONSET AND DEATH <b>4221</b>	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.)					
20c. TIME OF INJURY Hour <b>6:30</b> Month <b>May</b> Day <b>6</b> Year <b>1956</b> a. m. <b>A</b> p. m.								
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		20g. COUNTY STATE		
21. I attended the deceased from <b>May 6, 1956</b> to <b>April 29, 57</b> and last saw her alive on <b>April 29, 57</b> Death occurred at <b>6:30 A.</b> m on the date stated above; and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE <b>Bertman D. Degrad</b> (Degree or title)				22b. ADDRESS <b>Festus, Mo.</b>		22c. DATE SIGNED <b>May 2, 1957</b>		
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>5/2/57</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Christian</b>		23d. LOCATION (City, town, or county) (State) <b>Festus., Mo.</b>			
24. FUNERAL DIRECTOR ADDRESS <b>Vinyard Funeral Home, Inc., Festus, Mo.</b>			25. DATE RECD. BY LOCAL REG. <b>5-2-57</b>		26. REGISTRAR'S SIGNATURE <b>Jesse A. [Signature]</b>			

(Licensed Embalmer's Statement on Reverse Side)

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Disease in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

2-1)

JEFFERSON COUNTY HEALTH DEPT.  
HILLSBORO, MISSOURI

DATE RECEIVED

MAY 7 1957

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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 .....,  
Signature of Student Embalmer

Signed

*Reith B. Vinyard*

Licensed Embalmer No. 49

P. O. Address *Festus, Mo.*

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

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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