

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

57 FD No. 17856

FILED JUN 4 1957

BIRTH NO. _____ REG. DIST. NO. 187 PRIMARY REG. DIST. NO. 3040 Registrar's No. 144

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

1. PLACE OF DEATH a. COUNTY <u>Livingston</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Livingston</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Chillicothe</u>		c. CITY OR TOWN <u>Chillicothe</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) <u>20 min.</u>		e. STREET ADDRESS (If rural, give location) <u>152 Brunswick Street</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>City Hospital</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>May 25, 1957</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>WILLIAM</u>		b. (Middle) <u>LEROY</u>	c. (Last) <u>BOLEY</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, <input checked="" type="checkbox"/> WIDOWED, <input type="checkbox"/> DIVORCED (Specify) <u>Never Married</u>	8. DATE OF BIRTH <u>25 February 1917</u>
9. AGE (in years last birthday) <u>39</u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>General</u>
11. BIRTHPLACE (City and State or Foreign Country) <u>Sumner, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>William Boley</u>		13b. MOTHER'S MAIDEN NAME <u>Iva Brown</u>	14. NAME OF HUSBAND OR WIFE <u>NONE</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give year or dates of service) <u>Yes WW II</u>		16. SOCIAL SECURITY NO. <u>347-18-4179</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Iva Boley; Chillicothe, 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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) <u>Contusion of Heart - Aneurysm</u> INTERVAL BETWEEN ONSET AND DEATH <u>30 min</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ 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? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		21a. ACCIDENT (Specify) <u>Accident</u>	
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>At 170</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Chillicothe, Livingston, Mo</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>May 25 '57 5:30</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
21f. HOW DID INJURY OCCUR? <u>Auto Accident</u>		22. I hereby certify that I attended the deceased from <u>Nov 19</u> , to _____, 19____, that I last saw the deceased alive on <u>May 25, 1957</u> , and that death occurred at <u>5:30 p</u> m., from the causes and on the date stated above.	
23a. SIGNATURE <u>Joseph A. Coward</u> (Degree or title) <u>MD</u>		23b. ADDRESS <u>Chillicothe, Mo</u>	
23c. DATE SIGNED <u>May 27-57</u>		24a. BURIAL CREMATION REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>5-27-57</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Lakeside</u>	
24d. LOCATION (City, town, or county) (State) <u>Sumner, Missouri</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Norman Funeral Home; Chillicothe, Mo</u>	
DATE REC'D BY LOCAL REG. <u>5/27/57</u>		REGISTRAR'S SIGNATURE <u>Frances B Neill</u>	

JUN 4 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 *E. A. ...*

Licensed Embalmer No. 4036.....

P. O. Address Chillicothe,...

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting. If this body is not embalmed, fact should be so stated above.