

FILED APR 29 1958

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-013555

STATE FILE NUMBER

Registration District No. 385 Primary Registration District No. 310730-39 Registrar's No. 312

5. 300  
1-57

2210

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY <u>Chariton</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Chariton</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>MARCELINE MO-CHARITON</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN <u>SUMNER</u> <u>0218</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>Edward</u> Middle <u>Boley</u> Last <u>Boley</u>		4. DATE OF DEATH Month <u>4</u> - Day <u>18</u> - Year <u>1958</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>JAN. 8 - 1886</u>
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u>		9b. KIND OF BUSINESS OR INDUSTRY <u>FARM WORK</u>	9c. AGE (In years last birthday) <u>72</u> IF UNDER 1 YEAR: Months <u>3</u> Days <u>10</u> IF UNDER 24 HRS.: Hours <u>0</u> Min. <u>0</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>FARM WORK</u>	10c. BIRTHPLACE (City and state or country) <u>CARROLL CO MO</u>
11. BIRTHPLACE (City and state or country) <u>CARROLL CO MO</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>William Boley</u>		13b. MOTHER'S MAIDEN NAME <u>MARTHA BOLWARE</u>	
14. NAME OF HUSBAND OR WIFE <u>ALICE Boley MO</u>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>	
16. SOCIAL SECURITY NO. <u>✓</u>		17. INFORMANT Address <u>MRS ALICE Boley SUMNER</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cerebral Hemorrhage</u> Conditions, if any, which gave rise to above cause (a), starting the underlying cause last. } DUE TO (b) <u>Advanced Arteriosclerosis</u> DUE TO (c) <u>Hypertension</u>			INTERVAL BETWEEN ONSET AND DEATH <u>18 Hours</u> <u>20 Years</u> <u>15 Years</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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 _____ Month, Day, Year _____ a.m. _____ p.m. _____		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20e. CITY, TOWN, OR LOCATION		20f. COUNTY STATE	
20g. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20h. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21. I attended the deceased from _____ 1954 to _____ April 18, 1958 Death occurred at _____ 645 _____ on the date stated above; and to the best of my knowledge, from the causes stated.		21. I attended the deceased from _____ 1954 to _____ April 18, 1958 Death occurred at _____ 645 _____ on the date stated above; and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE <u>R. L. Ryals</u> (Degree or title) <u>D.O.</u>		22b. ADDRESS <u>Brookfield, Missouri</u>	
22c. DATE SIGNED <u>4-19-58</u>		22d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>4-20-58</u>	
23c. NAME OF CEMETERY OR CREMATORY <u>LAKESIDE</u>		23d. LOCATION (City, town, or county) (State) <u>SUMNER MO</u>	
24. FUNERAL DIRECTOR <u>A. L. Ripard</u> ADDRESS <u>Mendon MO</u>		25. DATE RECD. BY LOCAL REG. <u>4-20-58</u>	
26. REGISTRAR'S SIGNATURE <u>Brooke Owens</u>		26. REGISTRAR'S SIGNATURE <u>Brooke Owens</u>	

(License Embalmer's Statement on Reverse Side)

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, ~~only~~ ....., Student Embalmer No. .... working under my personal supervision.

Student .....

Signature of Student Embalmer

Signed *A. R. Leonard* .....

Licensed Embalmer No. *3970* .....

P. O. Address *Mendon Ma* .....

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.