

FILED MAY 2 1958

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-014974  
State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 209 PRIMARY REG. DIST. NO. 3043 Registrar's No. 131

1. PLACE OF DEATH a. COUNTY <b>MARION</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b> b. COUNTY <b>MARION</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>HANNIBAL</b>	c. LENGTH OF STAY (in this place) <b>1 MO</b>	c. CITY OR TOWN <b>HANNIBAL</b>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>SHADY LAWN REST HOME</b>		STREET ADDRESS (If rural, give location) <b>5001 COLLEGE AVE.</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>CLIFTON</b>	b. (Middle) <b>E.</b>	c. (Last) <b>BOYLES</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>APRIL 25 1958</b>
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5. SEX <b>M</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	8. DATE OF BIRTH <b>JULY 28-1888</b>	9. AGE (In years last birthday) <b>69</b>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	IF UNDER 1 HRS. Hours	IF UNDER 15 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>RETAIL COAL DEALER</b>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <b>LINCOLN Co. Mo.</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>SAMUEL BOYLES</b>	13b. MOTHER'S MAIDEN NAME <b>LEVISA SITTON</b>	14. NAME <del>of</del> WIFE <b>VIRGINIA M. BOYLES</b>
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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.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs. C. E. Boyles 5001 COLLEGE AVE. HANNIBAL MO</b>
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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) <b>Antemortem</b>		INTERVAL BETWEEN ONSET AND DEATH <b>10 yrs</b>
	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? <b>4500</b> YES <input type="checkbox"/> NO <input type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from 1950 to 4-25-58 that I last saw the deceased alive on 4-20-58, and that death occurred at 9 A m., from the causes and on the date stated above.

23a. SIGNATURE <b>Just Harley M H</b> (Degree or title)	23b. ADDRESS <b>Hannibal Mo</b>	23c. DATE SIGNED <b>4-25-58</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	24b. DATE <b>APRIL 28 58</b>	24c. NAME OF CEMETERY OR CREMATORY <b>GRANDVIEW CEM.</b>	24d. LOCATION (City, town, or county) (State) <b>HANNIBAL MISSOURI</b>
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DATE REC'D BY LOCAL REG. <b>4/25/58</b>	REGISTRAR'S SIGNATURE <b>Wm Luke Byrd</b>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>McGowan FRANKFORD Mo</b>
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(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED MAY 1 1958  
MARION CO. HEALTH DEPT.  
DATE FILED MAY 1 1958

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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..... *Dore Fields Meyaw*

Licensed Embalmer No. *4093*

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