

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-018749
STATE FILE NUMBER

FILED MAY 28 1958 Registration District No. 157 Primary Registration District No. 3028 Registrar's No. 106

1. PLACE OF DEATH a. COUNTY Jasper		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jasper	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Carthage		c. CITY OR TOWN Carthage	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 1101 Jersey St		d. STREET ADDRESS 1101 Jersey St	
3. NAME OF DECEASED (Type or print) First Middle Last DAISEY DARLENE BOYLAN		4. DATE OF DEATH Month Day Year May 18, 1958	
5. SEX female	6. COLOR OR RACE white	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH July 22, 1875
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) ret. school teacher		10b. KIND OF BUSINESS OR INDUSTRY education	11. BIRTHPLACE (City and state or country) Hardin County, Iowa
13a. FATHER'S NAME Wm Wesley Boylan		13b. MOTHER'S MAIDEN NAME Suzannah C. Balmer	14. NAME OF HUSBAND OR WIFE ---
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no	16. SOCIAL SECURITY NO. none	17. INFORMANT Address Margaret Boylan, 1101 Jersey, Carthage, Mo	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Occasion Coronary Artery Sudden death</i> DUE TO (b) <i>arterosclerosis</i> DUE TO (c) <i>4501</i> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>Senile Dementia</i>			19. INTERVAL BETWEEN ONSET AND DEATH WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <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. 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 COUNTY STATE	
21. I attended the deceased from <i>Nov. 1941</i> , to <i>5-18-58</i> and last saw her alive on <i>Dec 27, 57</i> Death occurred at <i>7:15</i> a. m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <i>George H. Wood MD 6</i>		22b. ADDRESS Carthage, Mo	22c. DATE SIGNED 5-19-58
23a. BURIAL, CREMATION, REMOVAL (Specify) removal	23b. DATE 5-20-58	23c. NAME OF CEMETERY OR CREMATORY Boylan Cemetery	23d. LOCATION (City, town, or county) (State) Hubbard, Iowa
24. FUNERAL DIRECTOR ADDRESS Knell Mortuary, Carthage, Mo		25. DATE RECD. BY LOCAL REG. 5-20-58	26. REGISTRAR'S SIGNATURE <i>Ely Clinton</i>

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Asper County Health Office
County File Number 58-5-499
Date Filed MAY 2 1967

x

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 *Frank W. Snel*

Licensed Embalmer No. 4440
P. O. Address...Carthage...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.