# RI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS MAR 15 1960 360

Registration District No. _____ Primary Registration District No. 3076 Registrar's No. 60

60-009592
STATE FILE NUMBER

IDED

1. PLACE OF DEATH
a. COUNTY: Vernon
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Nevada
Length of stay in 1b: 1½ days
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Nevada Hospital
Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Vernon
c. CITY OR TOWN: Nevada
Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 815 So. Adams
Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: Lori Middle: Ellen Last: Boyles

4. DATE OF DEATH: Month: March Day: 8 Year: 1960

5. SEX: Female

6. COLOR OR RACE: White

7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐

8. DATE OF BIRTH: 3/7/60

9. AGE (last birthday): 0
IF UNDER 1 YEAR Months: Days: 1 IF UNDER 24 HR Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Child

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (City and state or country): Nevada Hospital

12. CITIZEN OF WHAT COUNTRY: U S A

13a. FATHER'S NAME: Wallace Boyles

13b. MOTHER'S MAIDEN NAME: Kathryn Webb

14. NAME OF HUSBAND OR WIFE: Infant

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: Mr Wallace Boyles Eldorado Springs, Mo

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Hyalin membrane
INTERVAL BETWEEN ONSET AND DEATH: 1 Hrs
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b):
DUE TO (c):

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

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 3/7/60, to 3/8/60 and last saw her/him alive on 3/8/60
Death occurred at 12:00 midnight m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Ray W Pearce MD

22b. ADDRESS: Nevada Mo

22c. DATE SIGNED: 3/9/60

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal

23b. DATE: 3/9/60

23c. NAME OF CEMETERY OR CREMATORY: Clinton Cemetery

23d. LOCATION (City, town, or county) (State): Clinton Missouri

24. FUNERAL DIRECTOR ADDRESS: Consalus Funeral Home Clinton Missouri

25. DATE RECD. BY LOCAL REG.: 3-12-1960

26. REGISTRAR'S SIGNATURE: Anna E Jeffry

(Licensed Embalmer's Statement on Reverse Side)

BY AFFIDAVIT OF DOCUMENT

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed Jerry F. Webster

Licensed Embalmer No. 4805

P. O. Address Nevada, M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to co 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.