

FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-016238

FILED VS APR 18 1960

STATE FILE NUMBER

Registration District No. 245 Primary Registration District No. 3047 Registrar's No. 36

1. PLACE OF DEATH a. COUNTY Newton		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY McDonald	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Neosho		Length of stay in lb 15 days	c. CITY OR TOWN Powell
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Sales Memorial Hosp.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Annis Middle Boles Last Boles			4. DATE OF DEATH Month April Day 6 Year 1960		
5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 1-13-1873	9. AGE (last birthday) 87	IF UNDER 1 YEAR Months 2 Days 24
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Housewife	11. BIRTHPLACE (City and state or country) Mountain Missouri	12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME T. H. Perkins		13b. MOTHER'S MAIDEN NAME Mary Edwards		14. NAME OF HUSBAND OR WIFE Charles Boles (Deceased)	

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 Mrs Maud Bynum Fowell, Mo.
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Uremia		INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Arteriosclerosis	
	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. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
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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 _____ a.m. _____ p.m. Month, Day, Year _____			

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 Neosho Mo	COUNTY _____ STATE _____
21. I attended the deceased from 3-22-60 to 4-6-60 and last saw ^{her} live on 4-6-60 Death occurred at 10:20 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.			

22a. SIGNATURE M. Blomquist M.D. (Degree or title)	22b. ADDRESS Neosho Mo	22c. DATE SIGNED 4-7-60
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 4-8-60	23c. NAME OF CEMETERY OR CREMATORY Boller Cem.
24. FUNERAL DIRECTOR W. Morris Rognie Wheaton ADDRESS _____		23d. LOCATION (City, town, or county) Washburn, Mo. Rural

25. DATE RECD. BY LOCAL REG. 4/8/60	26. REGISTRAR'S SIGNATURE Melvin C. Bowman MD
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(Licensed Embalmer's Statement on Reverse Side) **PW RH**

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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 James Kenneth Duncanson

Licensed Embalmer No. 4767

P. O. Address Wheaton

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.