

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-023868

FILED VS JUL 11 1960

Registration District No. 217 Primary Registration District No. 5786 Registrar's No. 38

STATE FILE NUMBER

DED

1. PLACE OF DEATH a. COUNTY Mississippi				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Mississippi									
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Wyatt		Length of stay in lb 36 yrs.		c. CITY OR TOWN Wyatt		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>							
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Wyatt			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) P. O. Box 288		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>						
3. NAME OF DECEASED (Type or print) First Moses Middle Boles Last Boles				4. DATE OF DEATH Month June Day 17 Year 1960									
5. SEX Male		6. COLOR OR RACE Col.		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 7/21/1898		9. AGE (last birthday) 61		IF UNDER 1 YEAR Months 0 Days 0		IF UNDER 24 HR Hours 0 Min. 0	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer and Minister				10b. KIND OF BUSINESS OR INDUSTRY				11. BIRTHPLACE (City and state or country) Oxford, Miss.		12. CITIZEN OF WHAT COUNTRY USA			
13a. FATHER'S NAME Dread Boles				13b. MOTHER'S MAIDEN NAME Unk.				14. NAME OF HUSBAND OR WIFE Lucille Boles					
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. 491-30-6867		17. INFORMANT Address Mrs. Lucille Boles, Box 288, Wyatt, 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) Coronary thrombosis infarct										INTERVAL BETWEEN ONSET AND DEATH			
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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown					
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 2:00 a.m. AM Month, Day, Year 6-16-60		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 6-16-60 to 6-17-60 and last saw him alive on 6-17-60 Death occurred at 2:00 AM on the date stated above, and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE D. P. Furtan (Degree or title) D. O.						22b. ADDRESS Wyatt, Mo.			22c. DATE SIGNED 6/18/60				
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 6/21/60		23c. NAME OF CEMETERY OR CREMATORY Oak Grove Cemetery			23d. LOCATION (City, town, or county) (State) Charleston, Missouri						
24. FUNERAL DIRECTOR Nunnelee Funeral Ch ADDRESS Charleston, Mo.				25. DATE RECD. BY LOCAL REG. 7-1-60		26. REGISTRAR'S SIGNATURE Dorothy B. Hathorn							

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

6681 I I 700 SA

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 Oliver H. Holmes

Licensed Embalmer No. 4190

P. O. Address Charleston

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.