

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-034204

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 86 Primary Registration District No. 5329 Registrar's No. 25-1762 STATE FILE NUMBER.

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

2280
2505

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. FILED OCT 1 1962		2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission)	
a. COUNTY <u>CRAWFORD</u>		a. STATE <u>MO</u>	b. COUNTY <u>JEFFERSON</u>
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>DAK HILL TWP</u>		Length of stay in lb <u>4 MOS</u>	c. CITY OR TOWN <u>DeSoto</u>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>BOX 215 BOURBON</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>321 KENNETT</u>
3. NAME OF DECEASED (Type or print) First Middle Last <u>William Dave Boley</u>		4. DATE OF DEATH Month Day Year <u>Sept; 22-1962</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>2-15-28</u>
9. AGE (last birthday) <u>74</u>		IF UNDER 1 YEAR Months Days	IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>INSPECTOR</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>BARITEYARD</u>	11. BIRTHPLACE (City and state or country) <u>VICTORIA, MO.</u>
12. CITIZEN OF WHAT COUNTRY <u>U.S.A</u>		13a. FATHER'S NAME <u>Wm. Boley</u>	
13b. MOTHER'S MAIDEN NAME <u>MARY DUNCAN</u>		13c. NAME OF HUSBAND OR WIFE <u>Lula Boley</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>?</u>	17. INFORMANT Address <u>CLARA ZIPP, DeSOTO MO.</u>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:			INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u>
IMMEDIATE CAUSE (a) <u>Lobar Pneumonia</u>			
DUE TO (b) <u>Pectus metastatic BR. Carcinoma</u>			
DUE TO (c) <u>Patent Suffered CVA 4 years prior</u>			
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 Month, Day, Year			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" 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 <u>9/20/62</u> to <u>9/22/62</u> and last saw ^{her} him alive on <u>9/22/62</u>			
Death occurred at <u>approx. 9:30 A.M.</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>Edwin K. Meehler, D.O.</u>		22b. ADDRESS <u>Bourbon, Missouri</u>	22c. DATE SIGNED <u>9/25/62</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	23b. DATE <u>9-25-62</u>	23c. NAME OF CEMETERY OR CREMATORY <u>VICTORIA</u>	23d. LOCATION (City, town, or county) (State) <u>VICTORIA MO</u>
24. FUNERAL DIRECTOR ADDRESS <u>J. Lee Mothershead-DeSoto, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>9-23-62</u>	26. REGISTRAR'S SIGNATURE <u>[Signature]</u>

USE BLACK INK OR TYPEWRITER RIBBON

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 Andrew H. England

Licensed Embalmer No. 4745

P. O. Address De Soto, 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.