MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

62-042411
STATE FILE NUMBER

Registration District No. 141 Primary Registration District No. 3025 Registrar's No. 199

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

FILED DEC 10 1962

1. PLACE OF DEATH a. COUNTY Howell

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Oregon

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN West Plains | Length of stay in 1b days | c. CITY OR TOWN Koshkonong | Inside Limits Yes ☒ No ☐

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION W. P. Memorial Hospital | Inside Limits Yes ☒ No ☐ | d. STREET ADDRESS (If outside, give location) | Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First Lula Middle Etta Last Boles | 4. DATE OF DEATH Month November Day 27, Year 1962

5. SEX female | 6. COLOR OR RACE white | 7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐ | 8. DATE OF BIRTH 12-9-1896 | 9. AGE (last birthday) 65 years | 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) housewife | 10b. KIND OF BUSINESS OR INDUSTRY housewife | 11. BIRTHPLACE (City and state or country) Greenville, Tenn. | 12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME William M. Wilson | 13b. MOTHER'S MAIDEN NAME Mary Melinda Cooper | 14. NAME OF HUSBAND OR WIFE Elisha B. Boles

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO. none | 17. INFORMANT Address Mrs. Basil Collins, West Plains, 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) Carcinoma of Colon | INTERVAL BETWEEN ONSET AND DEATH 2 yrs.
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 4/16/1956, to 11/27/1962 and last saw her alive on 11/27/1962
Death occurred at 6:45 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE C. Callihan M. D. (Degree or title) | 22b. ADDRESS West Plains, Mo. | 22c. DATE SIGNED 12/3/62

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 23b. DATE 11-29-1962 | 23c. NAME OF CEMETERY OR CREMATORY Koshkonong Cemetery | 23d. LOCATION (City, town, or county) (State) Koshkonong, Mo.

24. FUNERAL DIRECTOR ADDRESS Robertson's, West Plains, Mo. | 25. DATE RECD. BY LOCAL REG. 12-6-62 | 26. REGISTRAR'S SIGNATURE Beatrice Cook

(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED
1	4465		
2	0750		2
3			
4	1		
5	2		
6			
7	1		
8	2		
9	1538		
10			
11			
12	5-0		
13	1-0		

BY AFFIDAVIT OF DOCUMENT

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_____ Signed A. F. Richardson

Signature of Student Embalmer

Licensed Embalmer No. 3432

P. O. Address West Plains, 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.