

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-045561

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 333 Primary Registration District No. 3074 Registrar's No. 237

FILED NOV 16 1962

VS 300
Rev. 4/59

1 1007
2 0670
3 2
4 2
5 0
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7 0
8 2
9 982X
10 11
11 067
12 1-0
13 2-0

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <u>Scott</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Mississippi</u>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Sikeston</u>		Length of stay in lb <u>23 hrs:55 min.</u>	c. CITY OR TOWN <u>Wyatt</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Missouri Delta Comm. Hospital</u>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>Gen. Del.</u>	
3. NAME OF DECEASED (Type or print) First <u>Leroy</u> Middle <u>Boles</u> Last <u>Boles</u>			4. DATE OF DEATH Month <u>Nov.</u> Day <u>5</u> Year <u>1962</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>Col.</u>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>12/19/32</u>	9. AGE (last birthday) <u>29</u>	IF UNDER 1 YEAR Months <u> </u> Days <u> </u> Hours <u> </u> Min. <u> </u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <u>Wyatt, Missouri</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>
13a. FATHER'S NAME <u>Moses Boles</u>		13b. MOTHER'S MAIDEN NAME <u>Lucy James</u>		14. NAME OF HUSBAND OR WIFE <u>-----</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes Korean War</u>		16. SOCIAL SECURITY NO.	17. INFORMANT Address <u>Charleston, Mo.</u> <u>Mrs. Lucy Boles, 517 S. Locust,</u>		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Stab Wound of neck, Cervical Emphysema and Edema.</u>					INTERVAL BETWEEN ONSET AND DEATH <u>24 hrs</u>
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 checked="" 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.) <u>Stab wound of neck received in an altercation with a woman.</u>		
20c. TIME OF INJURY <u>7:30</u> Hour <u>3:00</u> p.m. Month, Day, Year <u>11/3/62</u>	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.) <u>Near Viola Fosters's Cafe</u>	20f. CITY, TOWN, OR LOCATION <u>Wyatt</u>	COUNTY <u>Mississippi</u> STATE <u>Mo.</u>
21. I attended the deceased from <u>11-4</u> to <u>11-5</u> and last saw her/him alive on <u>11-5-62</u> Death occurred at <u>12:05 A.</u> m on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <u>John P. Sargent MD</u>			22b. ADDRESS <u>808 E. Wakefield Sikeston Mo</u>	22c. DATE SIGNED <u>11-9-62</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>Nov. 11, 1962</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Oak Grove Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Charleston, Missouri</u>		
24. FUNERAL DIRECTOR <u>L.R. Sparks</u> ADDRESS <u>Charleston, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>Nov 13 1962</u>	26. REGISTRAR'S SIGNATURE <u>Jeanette Waldman</u>		

USE BLACK INK OR TYPEWRITER RIBBON

NOV 21 1962

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

James A. Carter

Licensed Embalmer No. 4681

P. O. Address Croville, 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.

Permit issued Nov 5 - 1962