MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 99 Primary Registration District No. _____ Registrar's No. 26

-63-015490
STATE FILE NUMBER

FILED APR 23 1963

DO NOT WRITE ON THIS STUB — AMENDED

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Rev. 4/59

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USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED

BY AFFIDAVIT OF DOCUMENT

1. PLACE OF DEATH
a. COUNTY: Dekalb
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Stewartsville — Length of stay in 1b: 11 years
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: 5 mi North — Inside Limits: Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Dekalb
c. CITY OR TOWN: Stewartsville — Inside Limits: Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location): 4 mi North — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: Larry Middle: Lewis Last: Boyles
4. DATE OF DEATH: Month 4 Day 14 Year 1963
5. SEX: Male
6. COLOR OR RACE: White
7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 2-3-1945
9. AGE (last birthday): 18 yrs. — 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): High School Student
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and state or country): St. Joseph, Mo
12. CITIZEN OF WHAT COUNTRY: USA
13a. FATHER'S NAME: Everett Boyles
13b. MOTHER'S MAIDEN NAME: Isabelle Hovenga
14. NAME OF HUSBAND OR WIFE: –
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): (If yes, give war or dates) no –
16. SOCIAL SECURITY NO.:
17. INFORMANT: Everett Boyles Address: Stewartsville, 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) Multiple Injuries due to car wreck — INTERVAL BETWEEN ONSET AND DEATH: Instant
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.) Car Wreck
20c. TIME OF INJURY: Hour 12 a.m. p.m. Month, Day, Year 4-14-63
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.): On Highway
20f. CITY, TOWN, OR LOCATION: Stewartsville Mo COUNTY: DeKalb STATE: Mo.
21. I attended the deceased from _____, to _____ and last saw her/him alive on _____
Death occurred at 12 P.m. on the date stated above, and to the best of my knowledge, from the causes stated.
22a. SIGNATURE: John Bean (Degree or title): Coronor
22b. ADDRESS: Maysville Mo.
22c. DATE SIGNED: 4-16-63
23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 4-15-1963
23c. NAME OF CEMETERY OR CREMATORY: Maple Grove
23d. LOCATION (City, town, or county) (State): Stewartsville, Dekalb Co. Mo
24. FUNERAL DIRECTOR: W.E. Summerfield ADDRESS: Stewartsville Mo
25. DATE RECD. BY LOCAL REG.: 4-18-1963
26. REGISTRAR'S SIGNATURE: Leslie C. Davidson

(Licensed Embalmer's Statement on Reverse Side)

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 W. E. Summerfield

Licensed Embalmer No. 3007

P. O. Address Stewartsville, 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.