MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH DEPARTMENT OF PUBLIC HEALTH AND WELFARE Primary Registration District No. 5 1.20 Registrar's No. Registration District No. 12 6 1963 DO NOT WRITE AMENDED ON THIS STUB 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before 1. PLACE OF DEATH a. COUNTY a. STATE Missouri b. COUNTY Boone V\$ 300 Boone admission) AMENDED Rev. 4/59 b. CITY (If outside corporate limits, give TOWNSHIP only) Length of stay in 1b c. CITY Inside Limits OR TOWN Columbia 2 Years Columbia TOWN Yes 📋 No 🖼 c. FULL NAME OF (If NOT in hospital, give location) Inside Limits d. STREET (If outside, give location) Reside on Farm HOSPITAL OR **ADDRESS** Yes 🗋 No 😥 institution Lenoir Memorial Home Lenoir Memorial Home Yea 🗀 No 📆 3. NAME OF DECEASED Middle First Last DATE Day Year (Type or print) MARTHA E. BOYLE DEATH November 19, 1963 Never Married XX 9. AGE (last birthday) | IF UNDER 1 YEAR | IF UNDER 24 HR 6. COLOR OR RACE 7. Married 🗌 DATE OF BIRTH 5. \$EX Hours Widowed | Divorced [6-25-1871 Female White 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (City and state or country) 10a, USUAL OCCUPATION (Give kind of work done 12. CITIZEN OF WHAT COUNTRY during most of working life, even if retired) U.S.A. Illinois Social F01.0 13a. FATHER'S NAME 13b. MOTHER'S MAIDEN NAME 14. NAME OF HUSBAND OR WIFE Susan Garrett John Bovle 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Record of (Yes, no, or unknown) [(If yes, give war or dates of service) Lenoir Memorial Home, Columbia, Mo. No 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN CINSET AND DEATH IMMEDIATE CAUSE (a) DUE TO (b) Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal PART III. If deceased there a pregnancy in last 90 days. disease condition given in PART I (a) **AMENDMENTS** ☐ Yes □ No □ Unknown CERTIF 19. WAS AUTOPSY 20s. ACCIDENT SUICIDE HOMICIDE PERFORMED? 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) YES D NO 19 20c. TIME OF Month, Day, Year Hour RIBBON INJURY a.m. COUNTY STATE 20e. PLACE OF INJURY (e.g., in or about home, 20f. CITY, TOWN, OR LOCATION farm, factory, street, office bldg., etc.) 20d. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK *IYPEWRITER* READ 65and last saw her alive on 2 21. I attended the decease on the date stated above, and to the best of my knowledge, from the causes stated. Death occurred at SHOULD 22c. DATE SIGNED 22b. ADDRESS 22 SHOWA TURE ö 11-20-63 (State) 23d. LOCATION (City, town, or county) 23c. WAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION 23b DATE FIDA Louisiana, Missouri REMOVAL (Specify) New. 21, 1963 | Riverview Cemetery

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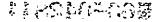
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Removal

24. FUNERAL DIRECTOR

Parker Funeral Service. Columbia, Mo.

25. DATE RECD. BY LOCAL REG. | 26. REGISTRAR'S SIGNATURE



Wildsa King

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 Scarge a. Kerky |
| Signature of Student Embalmer | |
| • | Licensed Embalmer No. <u>W752</u> |
| · | P. O. Address Columbia 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.