

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

BIRTH NO. _____ REG. DIST. NO. 276 PRIMARY REG. DIST. NO. 5302 Registrar's No. 3

260
1

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <u>COLE</u> <u>Clark Twp.</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>COLE</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>EUGENE</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>EUGENE</u>	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) <u>0</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>CLAUD</u>	b. (Middle)	c. (Last) <u>BOLES</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>JAN. 17 1951</u>
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5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>APRIL 30, 1890</u>	9. AGE (In years last birthday) <u>60</u>	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 YEAR Hours	IF UNDER 1 YEAR Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>CALLOWAY CO., MO.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>FRANK BOLES</u>	13b. MOTHER'S MAIDEN NAME <u>HATTIE BARNUM</u>	14. NAME OF HUSBAND OR WIFE <u>ANN BOLES</u>
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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>489-20-0783</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Ann Boles</u>	ADDRESS <u>Eugene</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>sudden</u>
This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) <u>Coronary Thrombosis</u>		
	ANTECEDENT CAUSES		
	Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		
	DUE TO (b) <u>History of Heart disease</u>		
	DUE TO (c)		
	II. OTHER SIGNIFICANT CONDITIONS		<u>4201</u>
	Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from Dead when viewed, 19___, that I last saw the deceased alive on _____, 19___, and that death occurred at 4:45 P. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>J. T. Leslie M.D. Coroner</u>	23b. ADDRESS <u>Jess City MO.</u>	23c. DATE SIGNED <u>1-19-51</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>JAN. 19, 1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Eldon</u>	24d. LOCATION (City, town, or county) (State) <u>Eldon MO.</u>
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DATE REC'D BY LOCAL REG. <u>January 20-51</u>	REGISTRAR'S SIGNATURE <u>Miss J. L. Glover</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Louis D. Phillips</u>	ADDRESS <u>Eugene</u>
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RECEIVED 1-23-51
DISTRICT HEALTH OFFICE No. 3
District File Number _____
Date Filed 1-23-51

111

JAN 30 1951

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 _____

working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed

Louis N. Quinn

Licensed Embalmer No. 36603

P. O. Address: Cedar

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 this body is not embalmed, fact should be so stated above.