

U.S. No. 300  
REV. 10-48

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED FEB 1 1951

State File No. 679

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 98 PRIMARY REG. DIST. NO. 5370 Registrar's No. 6

1. PLACE OF DEATH a. COUNTY <b>DAVIESS</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>MO.</b> b. COUNTY <b>LIVINGSTON</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>UNION JACOBSON TWP.</b>		c. LENGTH OF STAY (In this place) OR TOWN <b>1 DA.</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>JACKSON TWP. 0590</b>	
		d. STREET ADDRESS (If rural, give location) <b>1</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>LOLA</b> b. (Middle) <b>MAE</b> c. (Last) <b>BOYLE</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>JAN 4-1951</b>		
5. SEX <b>F</b>	6. COLOR OR RACE <b>W</b>	7. <del>NEVER MARRIED.</del> <b>NEVER MARRIED.</b> (Specify)	8. DATE OF BIRTH <b>JAN. 25-1933</b>	9. AGE (In years last birthday) <b>17</b>	IF UNDER 1 YEAR Months <b>11</b> Days <b>9</b>
10a. USUAL OCCUPATION (His kind of work done during most of working life, even if retired) <b>SCHOOL GIRL</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>HIGH SCHOOL</b>		11. BIRTHPLACE (State or foreign country) <b>LIVINGSTON CO. MO.</b>	
12. CITIZEN OF WHAT COUNTRY? <b>A.M.</b>					

13a. FATHER'S NAME <b>CLAUDE BOYLE</b>	13b. MOTHER'S MAIDEN NAME <b>BLANCHE SINGLETON</b>	14. NAME OF HUSBAND OR WIFE <b>—</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <b>Claude Boyle Trenton, Mo #4</b>	ADDRESS <b>—</b>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Fracture Skull</b>		INTERVAL BETWEEN ONSET AND DEATH <b>Sudden death</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Automobile accident</b>		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <b>031</b>	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.) <b>Co. W. JAMESPORT</b>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>Jacobs Mo.</b>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from \_\_\_\_\_ 19\_\_\_\_, to \_\_\_\_\_ 19\_\_\_\_, that I last saw the deceased \_\_\_\_\_ 1-4, 1951, and that death occurred at 8:15 P.M., from the causes and on the date stated above.

23a. SIGNATURE <b>W. Lloyd E. Nelson M.D. Surgeon &amp; Lullalun Mo. 1-4-51</b>	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
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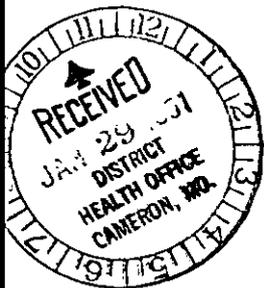
24a. BURIAL (Type or Print) (Specify)	24b. DATE <b>1-7-1951</b>	24c. NAME OF CEMETERY OR CREMATORY <b>SHELBYURN</b>	24d. LOCATION (City, town, or county) (State) <b>GRUNDY MO</b>
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DATE REC'D BY LOCAL REG. <b>10 Jan. 1951</b>	REGISTRAR'S SIGNATURE <b>Virginia M. Englebert</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>W. L. Kirkwood</b>	ADDRESS <b>—</b>
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(Licensed Embalmer's Statement on Reverse Side)

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

0307  
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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

*William L. Richardson*

Signed.....

Student Embalmer

Licensed Embalmer No. 4715

P. O. Address Geneport, 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 this body is not embalmed, fact should be so stated above.