

FILED FEB 20 1956

STANDARD CERTIFICATE OF DEATH

State File No. 5408

BIRTH NO. 124 REG. DIST. NO. 163 PRIMARY REG. DIST. NO. 3031 Registrar's No. 13

1. PLACE OF DEATH a. COUNTY Jefferson				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). -a. STATE Mo. b. COUNTY Jefferson					
b. CITY (If outside corporate limits, write RURAL and give town) DeSoto		c. LENGTH OF STAY (in this place) 35 Yrs.		c. CITY OR TOWN De Soto		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION 321 Kennett St.				No. 1 STREET ADDRESS (If rural, give location) 321 Kennett St. 05020					
3. NAME OF DECEASED (Type or Print) Lola Worthy Boley			a. (First)		b. (Middle)		c. (Last)		
4. DATE OF DEATH 2/12/56		(Month) (Day) (Year)		5. SEX F / W		6. COLOR OR RACE W			
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Aug. 16, 1889		9. AGE (In years last birthday) 66		IF UNDER 1 YEAR Months Days		IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife			10b. KIND OF BUSINESS OR INDUSTRY None			11. BIRTHPLACE (City and State or Foreign Country) Fletcher, Missouri C		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Christ Maness			13b. MOTHER'S MAIDEN NAME Anna Wheeler			14. NAME OF HUSBAND OR WIFE Wm. David Boley			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No			16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Fred Boley DeSoto, Mo.				
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis DUE TO (c) Hypertension II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						INTERVAL BETWEEN ONSET AND DEATH 2-9-56	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 331X						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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)					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?					
22. I hereby certify that I attended the deceased from Dec. 15, 1955, to 2-11, 1956, that I last saw the deceased alive on 2-11, 1956, and that death occurred at 8:23 P.M., from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) R. E. Pierce, D.O.			23b. ADDRESS De Soto Mo.			23c. DATE SIGNED 2-14-56			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 2/15/56		24c. NAME OF CEMETERY OR CREMATORY Victoria		24d. LOCATION (City, town, or county) (State) Victoria, Mo.			
DATE REC'D BY LOCAL REG. 2-15-56		REGISTRAR'S SIGNATURE Maria Garcia 141			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS J. Lee Mothershead DeSoto, Mo.				

(Licensed Embalmer's Statement on Reverse Side)

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

JEFFERSON COUNTY HEALTH DEPT.
HILLSBORO, MISSOURI

DATE RECEIVED

FEB 17 1956

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..... *Andrew H. English*

Licensed Embalmer No..... *4*

P. O. Address..... *W. S. S. S.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.