

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

20287

State File No.

FILED JUL 13 1956

BIRTH NO. _____ REG. DIST. NO. 132 PRIMARY REG. DIST. NO. 4200 Registrar's No. 103

1. PLACE OF DEATH a. COUNTY <u>Grundy</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MO</u> b. COUNTY <u>Grundy</u>	
b. CITY OR TOWN <u>Laredo</u>		c. CITY OR TOWN <u>Laredo</u>	
c. LENGTH OF STAY (in this place) <u>21 years.</u>		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 <u>Family Home (No street address)</u>			
e. STREET ADDRESS _____		(If rural, give location) <u>0460</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Waldo</u> b. (Middle) <u>Glen</u> c. (Last) <u>Boylan</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>June 18, 1956</u>		
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>Aug 24 1883</u>		9. AGE (In years) <u>72</u>		10. IF UNDER 1 YEAR: Months _____ Days _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>RESTAURANT OPERATOR</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Harrison County</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>					

13a. FATHER'S NAME <u>HARRISON BOYLAN</u>		13b. MOTHER'S MAIDEN NAME <u>AMANDA BAKER.</u>		14. NAME OF HUSBAND OR WIFE <u>CORA CREASON</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <u>yes 1905 - 1908</u>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>CORA BOYLAN LAREDO, MO.</u> ADDRESS _____	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATE		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arteriosclerosis</u>		<u>Myocarditis</u>		<u>14 hours</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.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chronic Cardiac Asthenia</u>		DUE TO (c) <u>20 years</u>	
II. OTHER SIGNIFICANT CONDITIONS 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"/>	
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) <u>4342</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		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 July 10, 1956 to July 18, 1956, that I last saw the deceased alive on July 18, 1956, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE <u>H.W. Eitze M.D.</u> (Degree or title)		23b. ADDRESS <u>Falt New Trenton, Mo.</u>		23c. DATE SIGNED <u>July 10-56</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>6-20-56</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Maple Grove Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Trenton, MO.</u>					

DATE REC'D BY LOCAL REG. <u>7-10-56</u>		REGISTRAR'S SIGNATURE <u>Gene Furr</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Jordan Blackmer</u> ADDRESS <u>Trenton, Mo.</u>	
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Dr. Eitze

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

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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, Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Harold L Roberts*

Licensed Embalmer No. *492*

P. O. Address *Greenville, S.C.*

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