

FILED JUN 6 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **18327**

BIRTH NO. _____ REG. DIST. NO. **310** PRIMARY REG. DIST. NO. **6051** Registrar's No. **173**

1. PLACE OF DEATH a. COUNTY Saint Charles		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Cooper	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural-St. Chas. twsp.		c. CITY OR TOWN Boonville	d. In Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) DOA		e. STREET ADDRESS (If rural, give location) 112 N. Lombard St. 0273	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Middle of Mo. River at New Bridge			

3. NAME OF DECEASED (Type or Print) a. (First) Taft b. (Middle) W. c. (Last) Boles		4. DATE OF DEATH (Month) (Day) (Year) May 23, 1957	
5. SEX Male	6. COLOR OR RACE Negro	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married	8. DATE OF BIRTH Feb. 22, 1910
9. AGE (In years last birthday) 47		# UNDER 1 YEAR Months 3	# UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) cook	10b. KIND OF BUSINESS OR INDUSTRY Stein House	11. BIRTHPLACE (City and State or Foreign Country) Cooper Co., Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Charles Boles	13b. MOTHER'S MAIDEN NAME unknown	14. NAME OF HUSBAND OR WIFE None
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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) Yes W.W. # 2	16. SOCIAL SECURITY NO. 	17. INFORMANT'S SIGNATURE OR NAME ADDRESS
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Open Verdict		
	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.			

19a. DATE OF OPERATION 	19b. MAJOR FINDINGS OF OPERATION 7955	20. AUTOPSY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
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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)
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?

22. I hereby certify that I ~~examined the body~~ **held inquest** **May 23, 1957**, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Maria Minschog Cannon	23b. ADDRESS Stoutville Mo	23c. DATE SIGNED May 23-57
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE May-24, 1957	24c. NAME OF CEMETERY OR CREMATORY City Cemetery
		24d. LOCATION (City, town, or county) (State) Boonville, Mo.

DATE REC'D BY LOCAL REG. May 24-1957	REGISTRAR'S SIGNATURE Maceena Wilson	25. FUNERAL DIRECTOR'S SIGNATURE Robert May Funeral Home, Boonville, Mo.	ADDRESS
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

540

JUN 18 1957
JUN 7 1957

JUN 3 8 10P

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..... *Frank R. Amalmer*

Licensed Embalmer No. *483*

P. O. Address *J. H. Chase*

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.