

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-017341

STATE FILE NUMBER

FILED MAY 19 1958 Registration District No. 42 Primary Registration District No. 1000 Registrar's No. 809

300  
1-57

1. PLACE OF DEATH a. COUNTY Buchanan			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Buchanan		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Joseph		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN St. Joseph		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 615 Robidoux St.		Length of stay in lb 42 urs.	d. STREET ADDRESS (If outside, give location) 615 Robidoux St.		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Harvey Middle Jones Last Boyle			4. DATE OF DEATH Month May Day 11, Year 1958.		
5. SEX Male 0	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH October 14, 1876	9. AGE (In years last birthday) 81 IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret. Judge and Sherriff. Buchanan		10b. KIND OF BUSINESS OR INDUSTRY County	11. BIRTHPLACE (City and state or country) Fraizer, Missouri		12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME John Patton Boyle		13b. MOTHER'S MAIDEN NAME Elizabeth Patterson		14. NAME OF HUSBAND OR WIFE Anna Boyle	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, near or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. 497-12-2164	17. INFORMANT Kenneth T. Boyle Address St. Joseph, Mo.		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Cerebral fracture</i> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <i>Arterio-sclerotic heart disease</i> DUE TO (c) <i>4200</i> PART II.- OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH (Not related to the terminal disease condition given in PART I (a)) <i>Debris in skull</i>					INTERVAL BETWEEN ONSET AND DEATH <i>6 hrs</i> <i>unknown</i>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)			
20c. TIME OF INJURY Hour Month, Day, Year o.m. p.m.					
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION		COUNTY STATE
21. I attended the deceased from <i>3-58</i> to <i>5-12-58</i> and last saw him alive on <i>4-17-58</i> Death occurred at <i>5:30 A.</i> m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <i>William James McD</i> (Degree or title)		22b. ADDRESS <i>702 Edmund</i>		22c. DATE SIGNED <i>5-14-58</i>	
23a. BURIAL, CREMATION, REMOVAL Removal	23b. DATE May 13, 1958.	23c. NAME OF CEMETERY OR CREMATORY Frazier Cemetery		23d. LOCATION (City, town, or county) (State) Frazier, Missouri.	
24. FUNERAL DIRECTOR <i>McEachaffer</i> ADDRESS <i>St. Joseph, Mo.</i>		25. DATE RECD. BY LOCAL REG. <i>May 13, 1958</i>	26. REGISTRAR'S SIGNATURE <i>Wm. Clark Goodell</i>		

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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 *Robert R. Harrington* .....

Licensed Embalmer No. 3258 .....

P. O. Address St. Joseph, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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