

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-032210

STATE FILE NUMBER

FILED OCT 15 1958 Registration District No. 99 Primary Registration District No. 4169 Registrar's No. 66

S. 300
1-57

1. PLACE OF DEATH a. COUNTY Dekalb			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY DeKalb		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Osborn		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN Osborn Mo		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		Length of stay in lb 15 Yrs	d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First MARY Middle ELIZA Last BOYLES			4. DATE OF DEATH Month Oct. Day 4 Year 1958		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Sept 18 1869		9. AGE (In years last birthday) 89
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Conception Jct. Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.
13a. FATHER'S NAME John Hockman		13b. MOTHER'S MAIDEN NAME Eliza James		14. NAME OF HUSBAND OR WIFE Sam Boyles	
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.	17. INFORMANT Mrs. W. L. Seek, 6311 Sherman, 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) Cerebral Arteriosclerosis DUE TO (b) Hypertensive Heart Disease? DUE TO (c) 4201 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)					INTERVAL BETWEEN ONSET AND DEATH 30 years
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 _____ a.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 Nov. 1954 to Oct. 4 1958 and last saw her alive on 10/4/58 Death occurred at 11:10 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) Harold Fisher MD			22b. ADDRESS Maysville Missouri		22c. DATE SIGNED 10/6-58
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 10/7-58	23c. NAME OF CEMETERY OR CREMATORY Ridgeville		23d. LOCATION (City, town, or county) (State) Osborn Mo (Rural)
24. FUNERAL DIRECTOR ADDRESS Pilcher Funeral Home, Maysville Mo			25. DATE RECD. BY LOCAL REG. 10/7-58		26. REGISTRAR'S SIGNATURE Ralph Landrau

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

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 
O.T. Pilcher

Licensed Embalmer No. 3960.....

P. O. Address Maysville 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.