

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-000230  
STATE FILE NUMBER

FILED JAN 30 1959

Registration District No. 38 Primary Registration District No. 5120 Registrar's No. 11

1-57 3

1. PLACE OF DEATH a. COUNTY Boone		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Kansas b. COUNTY Johnson	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Columbia		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN Leawood 8150 4
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR ROUTE 2 - Columbia		Length of stay in lb Tp. ----	d. STREET ADDRESS (If outside, give location) 953 Meadow Lane
			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last CHARLES WILLIAM BOALS			4. DATE OF DEATH Month Day Year January 3 1959		
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH May 28 1911	9. AGE (In years last birthday) 47	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Vice President	10b. KIND OF BUSINESS OR INDUSTRY Caterers Inc.	11. BIRTHPLACE (City and state or country) Springfield, Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME C.E. Boals	13b. MOTHER'S MAIDEN NAME Emma Wresche	14. NAME OF HUSBAND OR WIFE Ruby Boals
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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) No	16. SOCIAL SECURITY NO. 509-01-4558	17. INFORMANT Bill Fielder, Kansas City, Missouri.
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Laceration of brain, extensive		INTERVAL BETWEEN ONSET AND DEATH Sudden
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Multiple Compound comminuted fractures of skull	Acute
	DUE TO (c) Trauma sustained in airplane accident	"
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Compound comminuted fractures of arms + legs 8:06 p.m. 39		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

20a. ACCIDENT <input checked="" 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.) Deceased was passenger in an airplane which crashed in snow storm.
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20c. TIME OF INJURY 7 p.m. Jan 3, 1959	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.) Farm	20f. CITY, TOWN, OR LOCATION Columbia	COUNTY Boone	STATE Missouri
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21. I attended the deceased from Colonel's Case and last saw her alive on \_\_\_\_\_  
Death occurred at approx 7:05 PM m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Vincent P. Perina, M.D.	22b. ADDRESS Harris, Missouri Med Coll.	22c. DATE SIGNED Jan 5, 1959
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23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE Jan. 5, 1959	23c. NAME OF CEMETERY OR CREMATORY Hazelwood Cemetery	23d. LOCATION (City, town, or county) Springfield, Mo.
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24. FUNERAL DIRECTOR Parker Fun. Service, Columbia, Mo.	25. DATE RECD. BY LOCAL REG. Jan. 5 1959	26. REGISTRAR'S SIGNATURE Mrs R.E. Palmer
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Medical Certification  
All diseases in Part I must be causally related.

STATEMENT BY LICENSED EMBALMER

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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 ..... *Tom M. Gery*

Licensed Embalmer No. *4067*  
P. O. Address. *Columbia*

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.