

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-004383

STATE FILE NUMBER

FILED MAR 5 1959 Registration District No. 10 Primary Registration District No. 3002 Registrar's No. 54

S. 300
1-57

4

1. PLACE OF DEATH a. COUNTY AUDRAIN		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY SHELBY	
b. CITY OR TOWN MEXICO, MISSOURI		c. CITY OR TOWN SHELBYVILLE, MO.	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION ALLEN REST HOME		d. STREET ADDRESS SHELBYVILLE, MO. RD.	
Length of stay in lb 1 YEAR		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Middle Last JALEY FRANCES BOYBES			4. DATE OF DEATH Month Day Year FEB 26, 1959			
5. SEX F	6. COLOR OR RACE W	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH July 2, 1866		9. AGE (In years last birthday) 92	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSE WIFE		10b. KIND OF BUSINESS OR INDUSTRY HOUSE WIFE		11. BIRTHPLACE (City and state or country) Palmyra, Missouri		
12. CITIZEN OF WHAT COUNTRY? U.S.A		13a. FATHER'S NAME John Maddox		13b. MOTHER'S MAIDEN NAME MARY THRASHER		
14. NAME OF HUSBAND OR WIFE Mrs. Geo. Weems		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. NONE		
17. INFORMANT Mrs. Geo. Weems		Address SHELBYVILLE		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)		

PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary thrombosis		INTERVAL BETWEEN ONSET AND DEATH 3 days
DUE TO (b) Arteriosclerosis		
DUE TO (c) _____		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

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 2-26-59	COUNTY STATE

21. I attended the deceased from 11-21-57 to 2-22-59 and last saw her alive on 2-22-59	
Death occurred at 4:30 p.m. on the date stated above; and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE J. J. Kallenbach	22b. ADDRESS Mexico, Mo
22c. DATE SIGNED Feb 28/59	

23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE Feb 28, 1959	23c. NAME OF CEMETERY OR CREMATORY L.O.O.F.	23d. LOCATION (City, town, or county) (State) SHELBYVILLE, MISSOURI
24. FUNERAL DIRECTOR GREENING-SHELBYVILLE, Mo		25. DATE RECD. BY LOCAL REG. Feb 28-1959	26. REGISTRAR'S SIGNATURE Blanche Neely

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

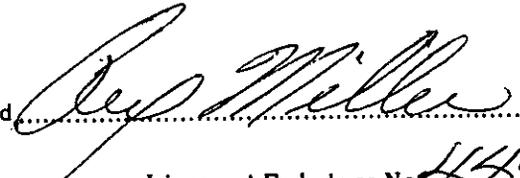
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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 

Licensed Embalmer No. 4497

P. O. Address Medico

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.