

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-028469

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 318 Primary Registration District 1003 Registrar's No. 7012

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

FILED JUL 31 1962

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| VS 300 | AMENDMENTS ON THIS RECORD ARE AS FOLLOWS | DATE AMENDED | INSTEAD OF | DOCUMENT | MEDICAL CERTIFICATION | BY AFFIDAVIT OF |
| Rev. 4/59 | | | | | | |
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BRITTINGHAM
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OR
TYPEWRITER RIBBON

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|---|---|--|---|
| 1. PLACE OF DEATH a. COUNTY | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>ST. LOUIS, MO.</u> | | Length of stay in 1b | c. CITY OR TOWN <u>St. Louis</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>ST. LOUIS CITY HOSP. # 1.</u> | | Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/> | d. STREET ADDRESS (If outside, give location) <u>1260 S. Vandeventer</u> Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| 3. NAME OF DECEASED (Type or print) First <u>OLIVER</u> Middle Last <u>BOYLES</u> | | 4. DATE OF DEATH Month <u>7</u> Day <u>16</u> Year <u>62</u> | |
| 5. SEX <u>M</u> | 6. COLOR OR RACE <u>W</u> | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH <u>May 11, 1903</u> 9. AGE (last birthday) <u>7.9</u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Pack. House. Ret.</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Packing House</u> | 11. BIRTHPLACE (City and state, or country) <u>Piaget Point, N. Car. U.S.A</u> |
| 13a. FATHER'S NAME <u>Virgil Boyles</u> | | 13b. MOTHER'S MAIDEN NAME <u>Mary Stone</u> | 14. NAME OF HUSBAND OR WIFE <u>Delila Boyles</u> |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u> | | 16. SOCIAL SECURITY NO. <u>Unk</u> | 17. INFORMANT Address <u>Gladys Newhand</u> |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>CEREBRAL EMBOLUS</u> DUE TO (b) <u>MYOCARDIAL INFARCT</u> DUE TO (c) <u>4201</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. | | | INTERVAL BETWEEN ONSET AND DEATH |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>HCU D</u> | | | PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown |
| 19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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. Month, Day, Year | | 20d. INJURY OCCURRED WHILE AT WORK <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 <u>6-29-62</u> to <u>7-16-62</u> and last saw him alive on <u>7-16-62</u> Death occurred at <u>9:45 P.m</u> on the date stated above, and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE (Degree or title) <u>J. E. Dunning M.D.</u> | | 22b. ADDRESS <u>1515 LAFAYETTE AVENUE</u> | 22c. DATE SIGNED <u>7-16-62</u> |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) | 23b. DATE <u>7/20/62</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>Memorial Park</u> | 23d. LOCATION (City, town, or county) (State) <u>St. Louis, Cont Mo.</u> |
| 24. FUNERAL DIRECTOR ADDRESS <u>Rowland-Ogden Mortuary</u> | | 25. DATE RECD. BY LOCAL REG. <u>JUL 17 1962</u> | 26. REGISTRAR'S SIGNATURE <u>Loan Smith, M.D.</u> |

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

Phillip H. Ogden

Licensed Embalmer No. 5170

P. O. Address 4106 Manchester
St. Louis, 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.