

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-015490

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 99 Primary Registration District No. _____ Registrar's No. 26

FILED APR 23 1963

VS 300
Rev. 4/59

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0320

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF

ITEM NO. SHOULD READ

USE BLACK INK OR TYPEWRITER RIBBON

BY AFFIDAVIT OF MEDICAL CERTIFICATION DOCUMENT

| | | | |
|---|--|--|--|
| 1. PLACE OF DEATH a. COUNTY <u>DeKalb</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) STATE <u>Missouri</u> b. COUNTY <u>DeKalb</u> | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Stewartsville</u> | | Length of stay in 1b <u>11 years</u> | c. CITY OR TOWN <u>Stewartsville</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>5 mi North</u> | | Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | d. STREET ADDRESS (If outside, give location) <u>4 mi North</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| 3. NAME OF DECEASED First Middle Last <u>Larry Lewis Boyles</u> | | | 4. DATE OF DEATH Month Day Year <u>4-14-1963</u> |
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH <u>2-3-1945</u> |
| 9. AGE (last birthday) <u>18 yrs.</u> | | IF UNDER 1 YEAR Months Days | IF UNDER 24 HR Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>High School Student</u> | | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (City and state of country) <u>St. Joseph, Mo</u> |
| 12. CITIZEN OF WHAT COUNTRY <u>USA</u> | | 13a. FATHER'S NAME <u>Everett Boyles</u> | |
| 13b. MOTHER'S MAIDEN NAME <u>Isabelle Hoenga</u> | | 14. NAME OF HUSBAND OR WIFE <u>✓</u> | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> | | 16. SOCIAL SECURITY NO. <u>no</u> | 17. INFORMANT Address <u>Everett Boyles, Stewartsville, Mo</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>Multiple Injuries due to car wreck</u> | | | INTERVAL BETWEEN ONSET AND DEATH <u>Instant</u> |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ | | | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) | | | PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |
| 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.) <u>Car Wreck</u> | |
| 20c. TIME OF INJURY Hour Month, Day, Year <u>12 a.m. 4-14-63</u> | | | |
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> | 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>On Highway</u> | 20f. CITY, TOWN, OR LOCATION <u>Stewartsville Mo</u> | COUNTY STATE <u>DeKalb Mo.</u> |
| 21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at <u>12</u> P. m. on the date stated above, and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE (Degree or title) <u>John Bean Coronor</u> | | 22b. ADDRESS <u>Maysville Mo.</u> | 22c. DATE SIGNED <u>4-16-63</u> |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 23b. DATE <u>4-15-1963</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>Maple Grove</u> | 23d. LOCATION (City, town, or county) (State) <u>Stewartsville DeKalb Co. Mo</u> |
| 24. FUNERAL DIRECTOR ADDRESS <u>N.E. Summerfield, Stewartsville</u> | | 25. DATE RECD. BY LOCAL REG. <u>4-18-1963</u> | 26. REGISTRAR'S SIGNATURE <u>Ledie C. Davidson</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

W.E. Summerfield

Licensed Embalmer No. 3007

P. O. Address Stewartville, 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.