

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED FEB 8 1949

State File No.

BIRTH NO. REG. DIST. NO. 25 PRIMARY REG. DIST. NO. 4036 Registrar's No. 5

1. PLACE OF DEATH a. COUNTY BATES		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY BATES	
b. CITY (If outside corporate limits, write RURAL and give township) Rich Hill		c. CITY (If outside corporate limits, write RURAL and give township) Rich Hill	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) 812 E PINE	
d. FULL NAME OF HOSPITAL OR INSTITUTION 812 E PINE			

3. NAME OF DECEASED (Type or Print) a. (First) JAY b. (Middle) MORGAN c. (Last) BOYER	4. DATE OF DEATH (Month) (Day) (Year) JAN 29 49
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5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER-MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH OCT-13-1873	9. AGE (In years last birthday) 75	IF UNDER 1 YEAR Months 3 Days 16	IF UNDER 24 HRS. Hours Mins.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Unemployed	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) ITHACIA MICH	12. CITIZEN OF WHAT COUNTRY? US
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13a. FATHER'S NAME ALONZO BOYER	13b. MOTHER'S MAIDEN NAME SARAH WHIPPLE	14. NAME OF HUSBAND OR WIFE BIRDIE BOYER
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME BIRDIE BOYER	ADDRESS
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH Approx. 1 wk
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Respiratory Failure-Heart Block		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Tuberculosis DUE TO (c) NO 2nd?		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Nephritis (Glomerulo-nephritis)			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 2
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22. I hereby certify that I attended the deceased from **Jan 2, 1949** to **Jan. 29th, 1949**, that I last saw the deceased alive on **Jan. 27th, 1949**, and that death occurred at **11:30 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE T.R. McBea (Degree or title) D. O.	23b. ADDRESS Erke Blvd. Rich Hill MO	23c. DATE SIGNED 2-1-49
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 2-1-49	24c. NAME OF CEMETERY OR CREMATORY GREEN LAWN	24d. LOCATION (City, town, or county) (State) Rich Hill MO
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DATE REC'D BY LOCAL REG. Feb 2, 1949	REGISTRAR'S SIGNATURE Mr. Edwin D. ...	25. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

District Health Officer No. _____

District File Number 1-49-31

Date Filed 2-7-49

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.

Signed
Student Embalmer

Signed

John G. Underwood

Licensed Embalmer No. 3585

P. O. Address Butler MD

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.