

FILED FEB 2 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

3867

State File No. ....

BIRTH NO. _____		REG. DIST. NO. <u>366</u>		PRIMARY REG. DIST. NO. <u>4536</u>		Registrar's No. <u>4</u>			
1. PLACE OF DEATH a. COUNTY <u>Washington</u> b. CITY (If outside corporate limits, write RURAL and give OR TOWN) <u>Potosi</u> c. LENGTH OF STAY (in this place) <u>mos.</u> d. FULL NAME OF HOSPITAL OR INSTITUTION _____				2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Washington</u> c. CITY (If outside corporate limits, write RURAL and give township) <u>Potosi</u> d. STREET ADDRESS (If rural, give location) <u>9</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>Ray</u> b. (Middle) <u>a.</u> c. (Last) <u>Boyer</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 25 - 1949</u>						
5. SEX <u>male</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>single</u>		8. DATE OF BIRTH <u>July 18 - 1948</u>		9. AGE (In years last birthday) <u>6</u> IF UNDER 1 YEAR Months <u>7</u> IF UNDER 12 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) _____			10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>Potosi Mo</u>		12. CITIZEN OF WHAT COUNTRY? _____		
13a. FATHER'S NAME <u>Thomas Boyer</u>			13b. MOTHER'S MAIDEN NAME <u>Gladys Hokey</u>			14. NAME OF HUSBAND OR WIFE _____			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____ (If yes, give war or dates of service) _____			16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Thomas Boyer</u> ADDRESS <u>Potosi Mo</u>				
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Bronchial Pneumonia</u> ANTECEDENT CAUSES <u>Cold or Influenza</u> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						INTERVAL BETWEEN ONSET AND DEATH _____	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
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) <u>Potosi Washington Mo</u>					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____					
22. I hereby certify that I attended the deceased from <u>Jan 24</u> , 1949, to <u>Jan 25</u> , 1949, that I last saw the deceased alive on <u>Jan 24</u> , 1949, and that death occurred at <u>3 A</u> m., from the causes and on the date stated above.									
23a. SIGNATURE <u>H. C. Cumwell</u> (Degree or title) _____				23b. ADDRESS <u>Potosi Mo</u>		23c. DATE SIGNED <u>1/29/49</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Jan. 27 - 49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>St. James</u>		24d. LOCATION (City, town, or county) (State) <u>Potosi Mo</u>			
DATE REC'D BY LOCAL REG. <u>1/29/49</u>		REGISTRAR'S SIGNATURE <u>H. C. Cumwell</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Mr. Luther Sparks</u> ADDRESS <u>Potosi Mo</u>					

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

110  
82

RECEIVED

Health Officer No. 4  
File Number 24-9-1  
2-1-49

*Not Embalmed.*

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 \_\_\_\_\_  
Licensed Embalmer No. \_\_\_\_\_  
P. O. Address \_\_\_\_\_

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