

FILED MAY 18 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 18440

BIRTH NO. _____		REG. DIST. NO. <u>366</u>		PRIMARY REG. DIST. NO. <u>6244</u>		Registrar's No. <u>28</u>			
1. PLACE OF DEATH a. COUNTY <u>Washington</u>				2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Washington</u>					
b. CITY OR TOWN <u>Old Mines</u>		c. LENGTH OF STAY (in this place) <u>74 yrs</u>		c. CITY OR TOWN <u>Old Mines - Missouri</u>					
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Old Mines</u>				d. STREET ADDRESS (If rural, give location) <u>Old Mines</u>					
3. NAME OF DECEASED (Type or Print) <u>Julia O Boyer</u>			a. (First) <u>Julia</u> b. (Middle) <u>O</u> c. (Last) <u>Boyer</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>MAY 9 1949</u>			
5. SEX <u>FEMALE</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>Nov. 14, 1874</u>			
9. AGE (In years last birthday) <u>74</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		9. AGE (In years last birthday) <u>74</u> 10. MONTHS <u>5</u> 11. DAYS <u>25</u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>				11. BIRTHPLACE (State or foreign country) <u>Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>			
13a. FATHER'S NAME <u>LEMO VALHE</u>			13b. MOTHER'S MAIDEN NAME <u>MARY POLITE</u>			14. NAME OF HUSBAND OR WIFE <u>ALEXANDER Boyer</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>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Charence Boyer</u> ADDRESS <u>Quadet #41</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, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>CEREBRAL Hemorrhage</u>				DUE TO (b) <u>Nephritis</u>					
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				DUE TO (c) _____					
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.								<u>331A</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) _____					
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>April 28, 1949</u> , to <u>May 9, 1949</u> , that I last saw the deceased alive on <u>May 8, 1949</u> , and that death occurred at <u>6:15 a.m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>Edward W. Rose, Jr.</u>				23b. ADDRESS <u>20.2 Corni's Way</u>		23c. DATE SIGNED <u>5/10/49</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>MAY 11, 1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>St. Joachims</u>		24d. LOCATION (City, town, or county) (State) <u>Old Mines, Mo.</u>			
DATE REC'D BY LOCAL REG. <u>5/10/49</u>		REGISTRAR'S SIGNATURE <u>Arlebert Rudall</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Boyer Funeral Home Patask, Mo.</u>					

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

RECEIVED

Health Officer No. 4  
File Number 549-673  
5-16-29

MAY 18 1929

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 .....  
Student Embalmer

Signed Howard Higginbotham

Licensed Embalmer No. 4578

P. O. Address Potosi, 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 this body is not embalmed, fact should be so stated above.