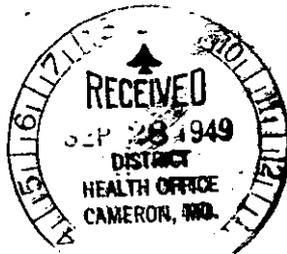


FILED SEP 29 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 29993

BIRTH NO. _____		REG. DIST. NO. <u>133</u>		PRIMARY REG. DIST. NO. <u>3022</u>		Registrar's No. <u>66</u>	
1. PLACE OF DEATH a. COUNTY <u>Harrison</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Harrison</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Bethany</u>		c. LENGTH OF STAY (in this place) <u>74 yrs.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Bethany</u>		41	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Bethany Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>East Main</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>George</u>		b. (Middle) <u>Kenton</u>		c. (Last) <u>Joyce</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Aug. 29, 1949</u>	
5. SEX <u>male</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>9-15-1874</u>	
9. AGE (In years last birthday) <u>74</u>		10. MONTHS <u>11</u>		11. YEARS <u>13</u>		IF UNDER 1 YEAR Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>none</u>		11. BIRTHPLACE (State or foreign country) <u>Harrison County, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>Washington Joyce</u>		13b. MOTHER'S MAIDEN NAME <u>Sarah McKibben</u>		14. NAME OF HUSBAND OR WIFE <u>Bertha</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'S SIGNATURE OR NAME <u>Loren Joyce, Bethany, Mo.</u> ADDRESS			
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>perforation of gall bladder with peritonitis</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>acute cholecystitis</u> DUE TO (c) <u>cause unknown</u>				INTERVAL BETWEEN ONSET AND DEATH <u>5 days</u>	
19a. DATE OF OPERATION <u>8/24/49</u>		19b. MAJOR FINDINGS OF OPERATION <u>disease with terminal heart failure. perforation of gall bladder with peritonitis.</u>				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)			
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>Aug. 24, 1949</u> , to <u>Aug 29, 1949</u> , that I last saw the deceased alive on <u>Aug. 29, 1949</u> , and that death occurred at <u>10: A m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>W. F. Boyer MD</u> (Degree or title)				23b. ADDRESS <u>Bethany Mo</u>		23c. DATE SIGNED <u>8/31/49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>8-30-49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Burriss</u>		24d. LOCATION (City, town, or county) (State) <u>Bethany, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>Sept. 16-49</u>		REGISTRAR'S SIGNATURE <u>Zola Burriss</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>W. H. Huns</u> ADDRESS <u>Bethany, Mo.</u>			



DEC 12 1962

**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 *MBH*.....

Signed.....  
Student Embalmer:

Licensed Embalmer No. 3899.....

P. O. Address Bethany, 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.