

FILED OCT 28 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 36108

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 266 PRIMARY REG. DIST. NO. 6244 Registrar's No. 45

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 (If outside corporate limits, write RURAL and give UNION township) OR TOWN <u>RURAL - <del>Washington</del></u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Cadet, RURAL - Union <sup>110</sup></u>	
c. LENGTH OF STAY (In this place) <u>LIFE.</u>		d. STREET ADDRESS (If rural, give location) <u>Cadet, Rt. 1 0</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Cadet, Rt. 1</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>HBNER</u>	b. (Middle) <u>LEE</u>	c. (Last) <u>BOYER.</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>10 17 1949.</u>
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5. SEX <u>M.O</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>8-27-1882</u>	9. AGE (In years last birthday) <u>67</u>	IF UNDER 1 YEAR Days <u>1</u>	IF UNDER 24 HRS. Hours Min. <u>20</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>LABORER.</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Mining</u>	11. BIRTHPLACE (State or foreign country) <u>MISSOURI 10</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>SIMON BOYER.</u>	13b. MOTHER'S MAIDEN NAME <u>RUTH MARLER.</u>	14. NAME OF HUSBAND OR WIFE <u>Mary C. Boyer</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>494-22-9304</u>	17. INFORMANT'S SIGNATURE OR NAME <u>VIRGIE NELSON</u>	ADDRESS <u>ST LOUIS, MO.</u>
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral hemorrhage</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 day.</u>  <u>years</u>  <u>33 IX</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Generalized arterio-sclerosis</u>		
	DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
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)
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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?
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22. I hereby certify that I attended the deceased from 15 Dec., 1949, to 17 Oct., 1949, that I last saw the deceased alive on 17 Oct., 1949, and that death occurred at 11:20 a. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Marv V. Neff, M.D.</u>	23b. ADDRESS <u>De Soto, Mo</u>	23c. DATE SIGNED <u>18 Oct. 49</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>10-19-49.</u>	24c. NAME OF CEMETERY OR CREMATORY <u>ST JOSEPH CEMETERY.</u>	24d. LOCATION (City, town, or county) (State) <u>TIFF. MO.</u>
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DATE REC'D BY LOCAL REG. <u>10/21/49</u>	REGISTRAR'S SIGNATURE <u>Hubert Rudallo</u>	403	25. FUNERAL DIRECTOR'S SIGNATURE <u>Boyer Funeral Home.</u>	ADDRESS <u>Potosi, Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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RECEIVED 10-25-49

District Health Officer No. 4

District File Number 1049-1421

Date Filed

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 Howard Higginbotham

Signed Student Embalmer

Licensed Embalmer No. 4578

P. O. Address Petri, 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.