

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

40015

State File No. ....

BIRTH NO. 21959-49 REG. DIST. NO. 366 PRIMARY REG. DIST. NO. 6242 Registrar's No. 49

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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 township) OR TOWN <u>Rural Kingdon, Mo.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural</u> <u>110</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Near Kingdon</u>		d. STREET ADDRESS (If rural, give location) <u>Near Kingdon</u> <u>00</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Jimmie William</u> b. (Middle) <u>Boyer</u> c. (Last) <u>Boyer</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Nov</u> <u>9</u> <u>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>March 29-49</u>		9. AGE (In years last birthday) <u>8</u> MONTHS <u>10</u> DAYS <u>10</u>		10. KIND OF BUSINESS OR INDUSTRY <u>Iron Co. Mo.</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	

13a. FATHER'S NAME <u>Woodrow Boyer</u>		13b. MOTHER'S MAIDEN NAME <u>Hattie Gray</u>		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <u>Woodrow Boyer Blackwell 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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Branchial Pneumonia</u>		INTERVAL BETWEEN ONSET AND DEATH	
		ANTECEDENT CAUSES 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.		<u>491X</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) (Min.)		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 Nov. 9, 1949, to Nov 9, 1949, that I last saw the deceased alive on Nov. 9, 1949, and that death, occurred at 7:45 P.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Edward H. Lake, Jr. M.D.</u>		23b. ADDRESS <u>Robert Lee</u>		23c. DATE SIGNED <u>Nov 10, 1949</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>11-11-49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Harline</u>	
24d. LOCATION (City, town, or county) (State) <u>Washington Co. Mo.</u>					

DATE REC'D BY LOCAL REG. <u>11/12/49</u>		REGISTRAR'S SIGNATURE <u>Harriet Ruddle</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Mr. Luther Spruill</u> ADDRESS <u>Polosidmo</u>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED 11-15-49

District Health Officer No. 4

District File Number 1149-1504

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.

Student

Student Embalmer

Signed

Murphy L. Sparks

Licensed Embalmer No. 4236

P. O. Address West River, 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.