

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED JAN 10 1950

State File No. 276

No. 300  
10.48

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

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 77 PRIMARY REG. DIST. NO. 3016 Registrar's No. 276

1. PLACE OF DEATH a. COUNTY <u>Cole</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Callaway</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>Jefferson City</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Holt Summitt</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Marys Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>Rural in Holt Summitt Mo.</u>	
3. NAME OF DECEASED a. (First) <u>Hiram</u> b. (Middle) <u>Boyce</u> c. (Last) <u>Boyce</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 19 1949</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Sept 1 1885</u>
9. AGE (In years last birthday) <u>64</u>		10. UNDER 1 YEAR (Months) <u>3</u>	11. UNDER 24 HRS. (Hours) (Min.) <u>18</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Labor</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Boone Co. Mo.</u>
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>George Boyce</u>	
13b. MOTHER'S MAIDEN NAME <u>Elizebeth Pirkens</u>		14. NAME OF HUSBAND OR WIFE <u>Clara Stone</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>Mary Ann Calbert</u>		ADDRESS <u>Columbia, 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>Skull fracture</u> ANTECEDENT CAUSES <u>Lacerations about face</u> Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <u>automobile accident 8/16/66</u> 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>26</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20: AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT (Specify) <u>suicide accident highway</u>		21b. PLACE OF INJURY (e.g., in or about home, factory, street, office bldg., etc.) <u>Highway</u>	
21c. CITY/TOWN OR TOWNSHIP (COUNTY) (STATE) <u>Holt Summitt, Callaway, Mo.</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Dec 9 1949</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
21f. HOW DID INJURY OCCUR? <u>automobile collision</u>			
22. I hereby certify that I attended the deceased from <u>12-9</u> , 19 <u>49</u> , to <u>12-19</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>12-19</u> , 19 <u>49</u> , and that death occurred at <u>6:30 a. m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>R. P. Darris MD</u> (Degree or title)		23b. ADDRESS <u>Jefferson City, Mo</u>	
23c. DATE SIGNED <u>12/20/49</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Dec. 21 1949</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Providence Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Holt Summitt, Mo.</u>	
DATE REC'D BY LOCAL REG <u>Dec 22 1949</u>		REGISTRAR'S SIGNATURE <u>R. P. Darris MD</u>	
FUNERAL DIRECTOR'S SIGNATURE <u>Victor Buesch</u>		ADDRESS <u>Jefferson City, Mo</u>	

RECEIVED JAN 5 1950  
District Health Officer No. 9,  
District File Number

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. 915

working under my personal supervision.

Student Bill Beaman  
Student Embalmer

Signed

Victor Brescher

Licensed Embalmer No. 3701

P. O. Address Jefferson City 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.