

FILED FEB 2 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

43612

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 44 PRIMARY REG. DIST. NO. 4061 Registrar's No. 9

1. PLACE OF DEATH a. COUNTY Caldwell		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Caldwell	
b. CITY (If outside corporate limits, write RURAL and give township) Braymer		c. CITY (If outside corporate limits, write RURAL and give township) Braymer	
c. LENGTH OF STAY (in this place) 2 mo.		d. STREET ADDRESS (If rural, give location) Southwest Braymer, Mo.	
d. FULL NAME OF HOSPITAL OR INSTITUTION Southwest Braymer, Mo.		e. FULL NAME OF HOSPITAL OR INSTITUTION Southwest Braymer, Mo.	

3. NAME OF DECEASED (Type or Print) a. (First) EDWARD b. (Middle) BOYER c. (Last) BOYER			4. DATE OF DEATH (Month) (Day) (Year) DEC. 31, 1949		
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Oct. 29, 1873		9. AGE (In years last birthday) 76 If UNDER 1 YEAR: Months _____ Days _____ If UNDER 24 HRS.: Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming		10b. KIND OF BUSINESS OR INDUSTRY Farmer		11. BIRTHPLACE (State or foreign country) Unionville Missouri	
12. CITIZEN OF WHAT COUNTRY? U.S.					

13a. FATHER'S NAME John K. Boyer		13b. MOTHER'S MAIDEN NAME Nancy McClure		14. NAME OF HUSBAND OR WIFE Myrtle May Boyer	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. no		17. INFORMANT'S SIGNATURE OR NAME Alfred Boyer ADDRESS Georgeville, Mo.	

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) Coronary Thrombosis		INTERVAL BETWEEN ONSET AND DEATH 2 Hours	
II. ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coronary Arteriosclerosis DUE TO (c) Generalized arteriosclerosis		III. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Chronic myocarditis		Interval between onset and death many years many years several years	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		19c. 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) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? fall	

22. I hereby certify that I attended the deceased from July 19, 1947, to Dec 31, 1949, that I last saw the deceased alive on Dec 31, 1949 and that death occurred at 6 P. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) L. E. Goldberg M.D.		23b. ADDRESS Braymer, Mo.		23c. DATE SIGNED 1/8/50	
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE Jan. 3, 1950		24c. NAME OF CEMETERY OR CREMATORY Evergreen	
24d. LOCATION (City, town, or county) (State) Braymer, Mo.					

DATE REC'D BY LOCAL REG. 1-28-50		REGISTRAR'S SIGNATURE Mrs. Nell B. Jones		373		25. FUNERAL DIRECTOR'S SIGNATURE Gene C. Michael		ADDRESS Braymer, Mo.	
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(Licensed Embalmer's Statement on Reverse Side)

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



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 _____

Lena C. Michael

Signed _____

~~Student Embalmer~~

Licensed Embalmer No. *4340*

P. O. Address *Braymer, 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.