

FILED JAN 16 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 1645

BIRTH NO. _____ REG. DIST. NO. 175 PRIMARY REG. DIST. NO. 5650 Registrar's No. 4

1. PLACE OF DEATH a. COUNTY Lawrence		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Barry	
b. CITY (If outside corporate limits, write RURAL and give township) 2 mi East of Mount Pleasant		c. CITY (If outside corporate limits, write RURAL and give township) Monett 0051	
c. LENGTH OF STAY (in this place) 4 months		d. STREET ADDRESS (If rural, give location) 508 1/2 Bond St.	
d. FULL NAME OF HOSPITAL OR INSTITUTION None			

3. NAME OF DECEASED (Type or Print) a. (First) Bobby b. (Middle) Rex c. (Last) Boyer	4. DATE OF DEATH (Month) (Day) (Year) Jan. 1 1950
---	--

5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED never married	8. DATE OF BIRTH Aug. 5, 1933	9. AGE (In years last birthday) 16	IF UNDER 1 YEAR Months 4	IF UNDER 24 HRS. Days 26
-------------	------------------------	--	-------------------------------	------------------------------------	--------------------------	--------------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) School Student	10b. KIND OF BUSINESS OR INDUSTRY Same	11. BIRTHPLACE (State or foreign country) Monett, Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
---	--	--	--

13a. FATHER'S NAME Rex Boyer	13b. MOTHER'S MAIDEN NAME Lula Conway	14. NAME OF HUSBAND OR WIFE none
------------------------------	---------------------------------------	----------------------------------

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) no	16. SOCIAL SECURITY NO. 486-34-4520	17. INFORMANT'S SIGNATURE OR NAME Rex Boyer	ADDRESS Monett 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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Fracture of left side of skull above ear.		INTERVAL BETWEEN ONSET AND DEATH 58194 31
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Car striking culvert		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. abatement, no other car involved, driver of car?		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
------------------------	----------------------------------	---

21a. ACCIDENT SUICIDE HOMICIDE (Specify) accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 2 mi East Monett	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Monett 5 Lawrence Mo
---	---	---

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min) Jan 1 1950 3:30 A	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? Car wreck - 2 mi East Monett
--	---	--

22. I hereby certify that I attended the deceased from after death, to _____, 19____, that I last saw the deceased alive on Jan 1, 1950, and that death occurred at 3:30 A m., from the causes and on the date stated above.

23. SIGNATURE (Degree or title) Herman Surridge 3 coroner	23b. ADDRESS Marionville Mo	23c. DATE SIGNED 1/2/50
--	--------------------------------	----------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Jan 3 1950	24c. NAME OF CEMETERY OR CREMATORY Mt. Pleasant	24d. LOCATION (City, town, or county) (State) Barry county Mo.
---	-------------------------	--	---

DATE REC'D BY LOCAL REG. Jan 6 - 50	REGISTRAR'S SIGNATURE Oran Mc Natt 157	25. FUNERAL DIRECTOR'S SIGNATURE Bennett - Vermington	ADDRESS Monett Mo.
--	---	--	-----------------------

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

550

RECEIVED JAN 9 1950
District Health Office No. 6,
District File Number 150-34
Date filed 1-9-50

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed

P. Gordon Bennett

Signed.....
Student Embalmer

Licensed Embalmer No. 4213

P. O. Address.....

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.