

FILED MAR 15 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 5895

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 6068 Registrar's No. 78

1. PLACE OF DEATH a. COUNTY <u>St. Francois</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>St. Francois</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Blackwell</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Blackwell</u>	
c. LENGTH OF STAY (in this place) <u>Life</u>		d. STREET ADDRESS (If rural, give location) <u>Gen'l. Delivery</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Gen'l. Delivery</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Joseph</u> b. (Middle) <u>OSMA</u> c. (Last) <u>Boyer</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>MAR. 5 1950</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>Aug. 17-1878</u>
9. AGE (In years last birthday) <u>71</u> Months <u>6</u> Days <u>18</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u>	
10b. KIND OF BUSINESS OR INDUSTRY <u>FARMING</u>		11. BIRTHPLACE (State or foreign country) <u>Tiff Mo</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>DAVID Boyer</u>	
13b. MOTHER'S MAIDEN NAME <u>JULIA Boyer</u>		14. NAME OF HUSBAND OR WIFE <u>Nothe</u>	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or date of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>No</u>		17. INFORMANT'S SIGNATURE OR NAME <u>T.F. Boyer - Blackwell-Mo.</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Lobar pneumonia</u>		INTERVAL BETWEEN ONSET AND DEATH <u>7 days</u>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <u>49DX</u>	
DUE TO (c) <u>acute gastroenteritis</u>		I. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>1 wk.</u>	
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)		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) (Minute)		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 4 Mo, 1950, to 5 Mo, 1950, that I last saw the deceased alive on 4 Mo, 1950, and that death occurred at 11:30 A.M., from the causes and on the date stated above.

23a. SIGNATURE <u>Paul V. Hoffmeyer M.D.</u>		23b. ADDRESS <u>De Soto Mo.</u>		23c. DATE SIGNED <u>6 Mo 50.</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>3-7-50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Tiff Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Tiff Mo</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Lee Mathurshed</u>		ADDRESS <u>De Soto, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>Mar. 6, 1950</u>		REGISTRAR'S SIGNATURE <u>Ether Rudloff</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Lee Mathurshed</u>	

RECEIVED

MAR 13 1950

DISTRICT HEALTH OFFICE No. 4

File No. 350-378

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 *J. Lee Mathershead*
Licensed Embalmer No. *3531*

P. O. Address *De Soto, 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.