

FILED MAY 16 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **17196**

501

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

BIRTH NO. _____		REG. DIST. NO. <u>160</u>		PRIMARY REG. DIST. NO. <u>3030</u>		Registrar's No. <u>30</u>	
1. PLACE OF DEATH a. COUNTY <u>Jefferson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jefferson</u>			
b. CITY (If outside corporate limits, write RURAL and give town or township) <u>Festus</u>		c. LENGTH OF STAY (In this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) <u>Festus</u>		0501	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>138 N. 5th St</u>				d. STREET ADDRESS (If rural, give location) <u>138 N. 5th St.</u>			
3. NAME OF DECEASED a. (First) <u>Francis</u>			b. (Middle) <u>C.</u>		c. (Last) <u>Boyer</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>3-24-50</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>June 4, 1891</u>		9. AGE (In years last birthday) <u>58</u> IF UNDER 1 YEAR Months <u>9</u> Days <u>20</u> IF UNDER 2 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) _____		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>Old Mines, Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>	
13a. FATHER'S NAME <u>Frank D. Boyer</u>			13b. MOTHER'S MAIDEN NAME <u>Lucinda Boyer</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>Carriek J. Boyer</u>		ADDRESS <u>Festus 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, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic myocarditis</u>				ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			4222
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.							
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) _____		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 <u>March 2, 1950</u> , to <u>March 23, 1950</u> , that I last saw the deceased alive on <u>2/23/50</u> , 19 <u>50</u> , and that death occurred at <u>3:10 P.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Bertala Bagor, M.D.</u> (Degree or title) _____				23b. ADDRESS <u>Festus, Mo</u>		23c. DATE SIGNED <u>3/24/50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>3-27-50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Jeff Cemetery</u>		24d. LOCATION (City, town, or county) <u>Jeff, Mo</u> (State) _____	
DATE REC'D BY LOCAL REG. <u>3/24/50</u>		REGISTRAR'S SIGNATURE <u>Crown Belland</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>"Jinks"</u>		ADDRESS <u>Festus, Mo</u>	

DATE RECEIVED 5-11-50

JEFFERSON COUNTY HEALTH DEPT.
HILLSBORO, MISSOURI

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 E. E. Province

Licensed Embalmer No. 3403

P. O. Address Jestus

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.