

FILED JUN 26 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

20801

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 175 PRIMARY REG. DIST. NO. 3036 Registrar's No. 62

0551

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

1. PLACE OF DEATH a. COUNTY LAWRENCE		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY LAWRENCE	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN AURORA		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN AURORA 0551	
c. LENGTH OF STAY (In this place) 40		d. STREET ADDRESS (If rural, give location) 140 WEST JASPER	
d. FULL NAME OF HOSPITAL OR INSTITUTION AURORA HOSPITAL			

3. NAME OF DECEASED (Type or Print)	a. (First) JOHN	b. (Middle) HENRY	c. (Last) BOUYER	4. DATE OF DEATH (Month) (Day) (Year) JUNE 10 1950
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5. SEX MALE 0	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH AUGUST 15, 1865	9. AGE (In years last birthday) 84	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) SECTION FOREMAN	10b. KIND OF BUSINESS OR INDUSTRY RAILROAD (MO. PAC)	11. BIRTHPLACE (State or foreign country) CHRISTIAN COUNTY 0	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME JOHN BOUYER	13b. MOTHER'S MAIDEN NAME MARY HEAD	14. NAME OF HUSBAND OR WIFE ELIZABETH BOUYER
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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 GLYDES BOUYER	ADDRESS AURORA, MO.
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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		INTERVAL BETWEEN ONSET AND DEATH 3 weeks Year 7500 Year
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Uremia - Terminal of		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arterio-sclerosis DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS* Conditions contributing to the death but not related to the disease or condition causing death. Senescent Arterio-sclerosis			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from June 10, 1950, to June 10, 1950, that I last saw the deceased alive on June 10, 1950, and that death occurred at 2:52 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) A. P. Coyle M.D.	23b. ADDRESS Aurora Mo.	23c. DATE SIGNED 6-12-50
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE JUNE 12:50	24c. NAME OF CEMETERY OR CREMATORY MAPLE PARK	24d. LOCATION (City, town, or county) (State) AURORA MISSOURI
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DATE REC'D BY LOCAL REG. JUNE 12, 50	REGISTRAR'S SIGNATURE Ora Mc Natt	25. FUNERAL DIRECTOR'S SIGNATURE WILLIAM WOOD	ADDRESS AURORA, MO.
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(Licensed Embalmer's Statement on Reverse Side)

RECEIVED JUN 20 1950

District Health Office No. 6,

District File Number 650-704

Date Filed 6-20-50

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 _____
Student Embalmer

Signed

James D. Crafton
Licensed Embalmer No. 4668

P. O. Address Aurora, 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.