

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

BIRTH NO. 124 REG. DIST. NO. 174 PRIMARY REG. DIST. NO. 3035 Registrar's No. 8

1. PLACE OF DEATH a. COUNTY LAFAYETTE		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE Missouri b. COUNTY Carroll	
b. CITY (If outside corporate limits, write RURAL and give township) LEXINGTON		c. CITY (If outside corporate limits, write RURAL and give township) Rural BOSWORTH Twp.	
c. LENGTH OF STAY (in this place) 3 weeks		d. STREET ADDRESS (If rural, give location) RFD 5 miles NW Bosworth	
d. FULL NAME OF (If in hospital, institution, give street address or location) HOSPITAL of Lexington INSTITUTION Lexington Hospital			

3. NAME OF DECEASED (Type or Print) a. (First) HENRY b. (Middle) WILLIAM c. (Last) BOYEL			4. DATE OF DEATH (Month) (Day) (Year) JANUARY 6th, 1951		
5. SEX Male		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH Sept. 27, 1873			9. AGE (In years last birthday) 77 Months 3 Days 11		IF UNDER 1 YEAR IF UNDER 24 HRS.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER			10b. KIND OF BUSINESS OR INDUSTRY Owner & Operator		11. BIRTHPLACE (State or foreign country) BOSWORTH, MISSOURI
12. CITIZEN OF WHAT COUNTRY? USA					

13a. FATHER'S NAME JOHN BOYEL		13b. MOTHER'S MAIDEN NAME AMANDA CHANDLER		14. NAME OF HUSBAND OR WIFE BERTHA BOYEL	
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. NONE		17. INFORMANT'S SIGNATURE OR NAME Mr. Bertha Boyel	
				ADDRESS Bosworth, 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) Pulmonary edema		INTERVAL BETWEEN ONSET AND DEATH 4 hrs	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Degenerative heart disease		± 5 yrs.	
		DUE TO (c) Coronary arterio sclerosis		± 10 yrs.	
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 4201			

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) (Min.)		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 Dec. 13, 1950, to Jan 6, 1951, that I last saw the deceased alive on Jan 6, 1951, and that death occurred at 11:45 A.M., from the causes and on the date stated above.

23a. SIGNATURE J. M. Johnson M.D.		(Degree or title)		23b. ADDRESS Richmond, Mo.		23c. DATE SIGNED 1/6/1951	
---	--	-------------------	--	--------------------------------------	--	-------------------------------------	--

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Jan. 8th, 1951		24c. NAME OF CEMETERY OR CREMATORY Big Creek Cemetery		24d. LOCATION (City, town, or county) (State) Bosworth, Missouri.	
--	--	------------------------------------	--	---	--	---	--

DATE REC'D BY LOCAL REG. Jan 30 1951		REGISTRAR'S SIGNATURE Maura Elstachook		25. FUNERAL DIRECTOR'S SIGNATURE Clifford W. Austin		ADDRESS Tina, Mo.	
--	--	--	--	---	--	-----------------------------	--

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

RECEIVED *2-10-51*

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed *2-10-51*

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 _____

Clifford W Austin

Licensed Embalmer No. *#3233*

P. O. Address *Tina, Missouri.*

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.