

FILED APR 13 1951

STANDARD CERTIFICATE OF DEATH

11189

State File No.

0950
 1

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

BIRTH NO. _____		REG. DIST. NO. <u>319</u>		PRIMARY REG. DIST. NO. <u>6079</u>		Registrar's No. <u>18</u>	
1. PLACE OF DEATH a. COUNTY <u>ST. GENEVIEVE</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>ST. GENEVIEVE</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL ST. GENEVIEVE</u>		c. LENGTH OF STAY (In this place) <u>6 YRS</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL ST. GENEVIEVE</u> <u>0950</u>		d. STREET ADDRESS (If rural, give location) <u>ST. GENEVIEVE MO</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>NONE</u>				3. NAME OF DECEASED a. (First) <u>PROSPER</u> b. (Middle) _____ c. (Last) <u>BOYER</u>			
4. DATE OF DEATH (Month) (Day) (Year) <u>APRIL 4 1951</u>		5. SEX <u>MALE</u> <input type="checkbox"/> FEMALE <input type="checkbox"/>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u> <input type="checkbox"/>	
8. DATE OF BIRTH <u>JULY 17 1862</u>		9. AGE (In years of weeks MONTHS DAYS HOURS MIN.) <u>88</u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>LABORER</u>		10b. KIND OF BUSINESS OR INDUSTRY _____	
11. BIRTHPLACE (State or foreign country) <u>BLOOMSDALE MO</u>				12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
13a. FATHER'S NAME <u>GODFREY BOYER</u>		13b. MOTHER'S MAIDEN NAME <u>HELEN C. HARLEVILLE</u>		14. NAME OF HUSBAND OR WIFE <u>MARY ANN GRIFFARD</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Walter Boyer St. Genevieve 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 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) _____				INTERVAL BETWEEN ONSET AND DEATH <u>5 YRS</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>4222</u>				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>Sept 10</u> , 19 <u>45</u> , to <u>April 4</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>April 4</u> , 19 <u>51</u> , and that death occurred at <u>2:45</u> p.m., from the causes and on the date stated above.							
23a. SIGNATURE <u>William S. Boyer M.D.</u> (Degree or title) _____				23b. ADDRESS <u>St. Genevieve Mo</u>		23c. DATE SIGNED <u>4-6-51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>4-7-51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>BAPTIST CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>ST. GENEVIEVE MO</u>	
DATE REC'D BY LOCAL REG. <u>Apr. 9-1951</u>		REGISTRAR'S SIGNATURE <u>W. Karl Depo</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Geo. C. Boehl St. Genevieve Mo</u>			

File No.

DISTRICT HEALTH OFFICE No. 4

APR 11 1951

RECEIVED

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.....

Signed.....
Student Embalmer

Licensed Embalmer No.....

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.