

FILED APR 27 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 15279
Registrar's No. 33

BIRTH NO. _____		REG. DIST. NO. <u>340</u>		PRIMARY REG. DIST. NO. <u>6152</u>		Registrar's No. <u>33</u>	
1. PLACE OF DEATH a. COUNTY <u>Stoddard</u> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Dexter Liberty</u> c. LENGTH OF STAY (in this place) OR TOWN <u>Life</u> d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) <u>Route 3 Rfd. 3</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Stoddard</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Dexter Liberty</u> <u>1030</u> d. STREET ADDRESS (If rural, give location) <u>Dexter R. 3</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>George</u> b. (Middle) <u>L.</u> c. (Last) <u>Boyer</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>April 18, 1951</u>				
5. SEX <u>male</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>9-1-80</u>	
9. AGE (In years last birthday) <u>70</u>		# UNDER 1 YEAR Months _____ Days _____		# UNDER 10 YRS. Hours _____ Min. _____			
10a. 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>Dexter, Mo. R/3</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Samuel W. Boyer</u>		13b. MOTHER'S MAIDEN NAME <u>Martha A. Fields</u>		14. NAME OF HUSBAND OR WIFE <u>Sarah Boyer</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>XX</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Earl Boyer</u> ADDRESS <u>Dexter, Mo. R. 3</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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>chronic pneumonia</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>influenza</u> DUE TO (c) <u>chronic myocarditis</u>				INTERVAL BETWEEN ONSET AND DEATH <u>1 week</u> <u>2 weeks</u> <u>2 1/2</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) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____			
22. I hereby certify that I attended the deceased from <u>March 15, 1951</u> , to <u>April 18, 1951</u> , that I last saw the deceased alive on <u>April 7, 1951</u> , and that death occurred at <u>5 P.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Inscribed or title) <u>Earl Boyer</u>				23b. ADDRESS <u>Dexter, Mo.</u>		23c. DATE SIGNED <u>4/21/51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>4-20-51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Armsted-Dowdy Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>Dexter, Mo. R, 3</u>	
DATE REC'D BY LOCAL REG. <u>4-21-51</u>		REGISTRAR'S SIGNATURE <u>Volma J. Jenkins</u> <u>409</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Watkins Funeral Ser.</u> ADDRESS <u>Dexter, Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

1030

RECEIVED

APR 24 1951

DISTRICT HEALTH OFFICE No. 6

No.

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 *Raymond L. Duffie*.....

Licensed Embalmer No. *4798*.....

P. O. Address *Dexter, 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.