

THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

State File No. **223**
Registrar's No. **10**

FILED JAN 14 1952

BIRTH NO. _____		REG. DIST. NO. 42		PRIMARY REG. DIST. NO. 1000		Registrar's No. 10	
1. PLACE OF DEATH a. COUNTY Buchanan				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Buchanan			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Bloomington Twsp. 0110			
d. FULL NAME OF HOSPITAL OR INSTITUTION Sante Fe R.R. & Mo. Ave.				d. STREET ADDRESS (If rural, give location) R.F.D. # 1, DeKalb, Mo.			
3. NAME OF DECEASED (Type or Print) a. (First) MYRTLE		b. (Middle) E		c. (Last) BOYER		4. DATE OF DEATH (Month) (Day) (Year) 1 5 1952	
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH 9-25-1913	
9. AGE (In years last birthday) 38		10. IF UNDER 1 YEAR Months Days		11. IF UNDER 1 MRS. Hours Min.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Home		11. BIRTHPLACE (State or foreign country) Halls, Missouri U		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Samuel Matthews		13b. MOTHER'S MAIDEN NAME Carrie Grace		14. NAME OF HUSBAND OR WIFE Archie T. Boyer			
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 ADDRESS Archie T. Boyer, Rt. # 1, DeKalb,			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Crushing injuries of abdomen Left arm, left thigh and left foot crushed off, spine fractured. ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Left arm, left thigh and left foot crushed off, spine fractured. DUE TO (c) Woman was instantly II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Woman was instantly				INTERVAL BETWEEN ONSET AND DEATH 1 day E 8104 27	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION Killed in a train - automobile collision				20. AUTOPSY? YES ☐ NO ☒	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, etc.) Missouri Ave		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) St Joseph Buchanan Mo.		21f. HOW DID INJURY OCCUR? Train - automobile collision	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Jan 5 1952 7:00 a.m.		21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒		22. I hereby certify that I witnessed the deceased from 7:00 a.m. on 1/5 , 19 52 , to 7:00 a.m. , 19 52 , that I last saw the deceased alive on 1/5 , 19 52 , and that death occurred at 7:00 a.m. , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) H F Mundy M.D. Coroner		23b. ADDRESS St Joseph Mo.		23c. DATE SIGNED 1/5/52			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 1-7-1952		24c. NAME OF CEMETERY OR CREMATORY Bethel Cemetery		24d. LOCATION (City, town, or county) (State) DeKalb, Missouri	
DATE REC'D BY LOCAL REG. Jan 8, 1952		REGISTRAR'S SIGNATURE Carl C. Cas		5. FUNERAL DIRECTOR'S SIGNATURE ADDRESS John O. Rupp St. Joseph, Mo.			

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

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 _____

John E. Rupp
Licensed Embalmer No. *3986*

P. O. Address *St. Joseph, 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.