

FILED JUN 27 1952

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 20939

500  
4

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

BIRTH NO. _____		REG. DIST. NO. <u>160</u>		PRIMARY REG. DIST. NO. <u>5592</u>		Registrar's No. <u>41</u>			
1. PLACE OF DEATH a. COUNTY <b>JEFFERSON</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MO.</b> b. COUNTY <b>ST. LOUIS</b>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>RURAL JOACHIMTOWNSHIP</b>		c. LENGTH OF STAY (in this place) <b>5 MONTHS</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>308 VIDA LEMAY</b>		<b>4870</b>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>MOUNTAIN VIEW HOME</b>				d. STREET ADDRESS (If rural, give location) <b>1</b> <b>ST. COUNTY</b>					
3. NAME OF DECEASED (Type or Print) a. (First) <b>MARTHA</b>			b. (Middle) <b>BOYER</b>			c. (Last) <b>BOYER</b>			
4. DATE OF DEATH (Month) (Day) (Year) <b>JUNE 13, 1952</b>		5. SEX <b>FEMALE</b>		6. COLOR OR RACE <b>WHITE</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>WIDOW</b>			
8. DATE OF BIRTH <b>JUNE 2, 1863</b>		9. AGE (In years last birthday) <b>89</b>		10. UNDER 1 YEAR Months <b>0</b>		11. UNDER 24 HRS. Days <b>11</b>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>HOUSEWORK</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>HOUSEWORK</b>		11. BIRTHPLACE (State or foreign country) <b>OLD MINES MO</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>			
13a. FATHER'S NAME <b>FELIX LA CHANCE</b>			13b. MOTHER'S MAIDEN NAME <b>THERSA VILLER</b>			14. NAME OF HUSBAND OR WIFE <b>(DEC.)</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>		16. SOCIAL SECURITY NO. <b>NONE</b>		17. INFORMANT'S SIGNATURE OR NAME <b>ELIZABETH FLYNN</b>					
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.				19. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cardio-Vascular Renal Disease</b> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <b>Chronic</b> <b>2 weeks</b> <b>3 days</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>442x</b>				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, barn, 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>3-17</u> , 19 <u>52</u> to <u>6-18</u> , 1952, that I last saw the deceased alive on <u>6-18</u> , 1952, and that death occurred at <u>2:02 P.M.</u> , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <b>M.D. J. J. Smith, M.D.</b>				23b. ADDRESS <b>Crystal City, Mo</b>		23c. DATE SIGNED <b>6-14-52</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		24b. DATE <b>JUNE 16, 1952</b>		24c. NAME OF CEMETERY OR CREMATORY <b>ST. JOSEPH</b>		24d. LOCATION (City, town, or county) (State) <b>KIMMEWICK MO.</b>			
DATE REC'D BY LOCAL REG. <b>6-14-52</b>		REGISTRAR'S SIGNATURE <b>Georgina Palotta</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>HEILIGTAG FUNERAL HOME</b>		ADDRESS <b>IMPERIAL MO.</b>			

JEFFERSON COUNTY HEALTH DEPT.  
HILLSBORO, MISSOURI  
DATE RECEIVED JUN 21 1952

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 Elmer Heiligtag

Licensed Embalmer No. 3571

P. O. Address Imperial 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.