

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 21096

FILED JUN 30 1952

BIRTH NO. _____ REG. DIST. NO. 179 PRIMARY REG. DIST. NO. 5667 Registrar's No. 19

0570
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY Lincoln			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Lincoln		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural (Bedford Twp)		c. LENGTH OF STAY (In this place) 10 hrs	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural (Bedford Twp.)		
d. FULL NAME OF HOSPITAL OR INSTITUTION Residence on Farm			d. STREET ADDRESS (If rural, give location) Residence on Farm		
3. NAME OF DECEASED (Type or Print) a. (First) John		b. (Middle) Edgar		c. (Last) Boyse	
4. DATE OF DEATH June 19, 1952.		5. SEX Male		6. COLOR OR RACE White	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH April 27, 1889		9. AGE (In years - last birthday) 63	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salesman		10b. KIND OF BUSINESS OR INDUSTRY Wholesale		11. BIRTHPLACE (City and State or Foreign Country) Lincoln County Missouri	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME John Boyse		13b. MOTHER'S MAIDEN NAME Polly Shelton	
14. NAME OF HUSBAND OR WIFE Ina Mae Boyse		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No None		16. SOCIAL SECURITY NO. None	
17. INFORMANT'S SIGNATURE OR NAME Mrs Will Quigley, Troy, Missouri		17. ADDRESS Mrs Will Quigley, Troy, Missouri		18. CAUSE OF DEATH	
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) Myocardial Infarction ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Valvular Insufficiency DUE TO (c) Hypertension II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			INTERVAL BETWEEN ONSET AND DEATH
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		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		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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 5:20 P.M., from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) J. Leesech, M.D.		23b. ADDRESS Troy, Mo		23c. DATE SIGNED 6/20/52	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 6/23/52		24c. NAME OF CEMETERY OR CREMATORY Troy Cemetery	
24d. LOCATION (City, town, or county) (State) Troy, Missouri		DATE REC'D BY LOCAL REG. June 27 - 1952		REGISTRAR'S SIGNATURE Emma B Riddle	
25. FUNERAL DIRECTOR'S SIGNATURE Kemper Funeral Home Troy, Missouri.		ADDRESS			

SEP 26 1952

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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, XXX

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Joseph J. Marsh
Licensed Embalmer No. 3932

P. O. Address Troy, 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.