

S. No. 300
v. 10-48

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **23802**

BIRTH NO. **7150** AUG **4** 1952 REG. DIST. NO. **47** PRIMARY REG. DIST. NO. **3008** Registrar's No. **281**

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

1. PLACE OF DEATH a. COUNTY Callaway		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Callaway	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Fulton		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Fulton 0143	
c. LENGTH OF STAY (In this place) 5 mo.		d. STREET ADDRESS (If rural, give location) 300 East 2nd Street	
d. FULL NAME OF HOSPITAL OR INSTITUTION 300 E. 2nd Street			

3. NAME OF DECEASED (Type or Print) Sally Elizabeth Boyer			4. DATE OF DEATH (Month) (Day) (Year) July 31-52		
a. (First)		b. (Middle)		c. (Last)	

5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Feb-16-1870	9. AGE (In years last birthday) 82	IF UNDER 1 YEAR Months 4 Days 15	IF UNDER 2 HRS. Hours 15 Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY Housework	11. BIRTHPLACE (State or foreign country) Callaway County Mo.	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME William Boyer	13b. MOTHER'S MAIDEN NAME Mattie Sanders	14. NAME OF HUSBAND OR WIFE Henry Boyer
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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. —	17. INFORMANT'S SIGNATURE OR NAME Charley Boyer, New Bloomfield Mo	ADDRESS —
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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		INTERVAL BETWEEN ONSET AND DEATH 2 years
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arterio Sclerosis General		
	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.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 45 r.	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **Jan 1, 1952** to **July 31, 1952**, that I last saw the deceased alive on **July 30, 1952**, and that death occurred at **10:50 a.m.** from the causes and on the date stated above.

23a. SIGNATURE Emer Dusk M.D. (Degree or title)	23b. ADDRESS New Bloomfield Mo	23c. DATE SIGNED Aug 1-52
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Aug 2-52	24c. NAME OF CEMETERY OR CREMATORY Bull Cemetery	24d. LOCATION (City, town, or county) (State) 5 mi. S.E. New Bloomfield
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DATE REC'D BY LOCAL REG. Aug 2-1952	REGISTRAR'S SIGNATURE Maretha Lawrence	25. FUNERAL DIRECTOR'S SIGNATURE Holt - Claypool	ADDRESS SEB New Bloomfield Mo
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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, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed *Leroy Clapport* _____

Licensed Embalmer No. *4412* _____

P. O. Address *New Blonfield, 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.