

THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

State File No.

27454

ED SEP 15 1952

BIRTH NO.		REG. DIST. NO. <u>61</u>		PRIMARY REG. DIST. NO. <u>4107</u>		Registrar's No. <u>56</u>	
1. PLACE OF DEATH a. CITY <u>Cedar</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Cedar</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>El Dorado Spgs.</u>		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>El Dorado Springs, Mo.</u>			
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>217 West Martin</u>				d. STREET ADDRESS (If rural, give location) <u>217 West Martin</u>			
3. NAME OF DECEASED (Type or Print) <u>Frank</u>			a. (First)	b. (Middle)	c. (Last) <u>Boyer</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Sept 3, 1952</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>12-22-1869</u>	
9. AGE (in years last birthday) <u>82</u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Farming</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>none</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>El Dorado, Kan.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Lisander Boyer</u>		13b. MOTHER'S MAIDEN NAME <u>Christine Lavin</u>		14. NAME OF HUSBAND OR WIFE <u>Leta Boyer</u>	
15. WAS DECEASED EVER IN U.S. ARMY, NAVY, OR AIR FORCE? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Harry Boyer - Rt. #3 - El Dorado Spgs.</u> ADDRESS			
18. CAUSE OF DEATH Enter only one cause per (a), (b), and (c) <u>This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</u>				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic Myocarditis</u> INTERVAL BETWEEN ONSET AND DEATH <u>8 1/2 mos.</u> 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 <u>9-4-52</u>		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES ☐ NO ☒			
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) m.		21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>4 Dec</u> , 1951, to <u>3 Sept</u> , 1952, that I last saw the deceased alive on <u>3 Sept</u> , 1952, and that death occurred at <u>3:40 A.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Dr. Will M.D.</u> (Degree or title)				23b. ADDRESS <u>El Dorado Springs, Mo.</u>		23c. DATE SIGNED <u>4 Sept 52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>9-4-52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Trinity Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Cedar County, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>Sept. 4, 1952</u>		REGISTRAR'S SIGNATURE <u>W. H. Jones</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>W. H. Jones</u> ADDRESS <u>El Dorado Spgs.</u>			

418-0 (Licensed Embalmer's Statement on Reverse Side)

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

0201

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 Max W. Pickering

Licensed Embalmer No. 4696 ✓

P. O. Address El Dorado Springs

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.

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

State of MissouriState File No. 27959County of Cedar

} ss.

AFFIDAVIT FOR CORRECTION OF A RECORD

Local Registrar's No. 56On this..... day of September, 1952, before me appears.........., who, upon..... oath, states that the original record of ~~birth~~ deathfor Frank Boyer ^{died} ~~xxx~~ Sept. 3, 1952, in the State ofMissouri, and which was filed at Eldorado Springs on Sept. 4, 1952, should be corrected as follows:Item No. 8 should read 12-16-1869Instead of..... 12-22-1869

Item No..... should read.....

Instead of.....

Item No..... should read.....

Instead of.....

Item No..... should read.....

Instead of.....

Item No..... should read.....

Instead of.....

Item No..... should read.....

Instead of.....

Item No..... should read.....

Instead of.....

Item No..... should read.....

Instead of.....

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant

Helen M. Healey Daughter.

Relationship.

216 W. Martin St., Eldorado Springs, Mo.

Present Address.

Subscribed and sworn to before me this 19th day of September, 1952.My Commission expires Aug. 9, 1956.

Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

1952

S-27454